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As a result of recent federal initiatives, more children have become available for adoption, and many of these children enter their new families with a variety of “special needs.” Special needs adoptees have been defined as “children who have experienced physical or sexual abuse and/or severe neglect; children with physical or emotional disabilities; children who are older than one year; and children who are members of a sibling group who are placed together with the same adoptive family” (Mullin & Johnson, 1999, p. 590). Often, special needs adoptive children evidence psychological and emotional difficulties that can be very challenging to the adoptive family. These children and their families may require a number of services and different types of support to assist with the transition of integrating the adopted child into the family and to assist family members as they move through new developmental stages. In addition, parents’ needs for support may vary based on the special needs of the adopted child and/or may vary based on their prior experiences (or lack of) as foster parents or adoptive parents.

This study used Urie Bronfenbrenner’s Ecological Theory (1977, 1988, 1989) as a framework to conceptualize the study of social supports in special needs adoptive families. An ecological perspective recognizes the role of the environment in familial development and recognizes that the family is a complex system that interacts with other complex systems.

Differences in support availability, use, need, and helpfulness were examined based on 125 parents' reports. One-way ANOVAs revealed significant differences in support needs based on parent experience and special need categories of children. Parents with foster and/or adoptive experience reported higher availability of supports overall than parents without experience. Parents without foster or adoptive experience reported lower use and higher need of supports overall than parents with experience. Parents of children with physical/developmental disabilities reported higher use of services overall than parents of children with behavioral/emotional disabilities/difficulties or parents of children with both types of disabilities/difficulties. Significant correlations were found between support availability and the Family Environment Scale (FES) subscale of Conflict and support need and the FES subscale of Conflict, suggesting a relationship between family environment and supports.

SPECIAL NEEDS ADOPTIVE FAMILIES:  
A STUDY OF SOCIAL SUPPORTS  
AND FAMILY FUNCTIONING

by

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Approved by

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Committee Chair

To my brother, Ronald (Ronnie) James Schweiger.

## APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of  
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## **CHAPTER I**

### **INTRODUCTION**

Recent changes in federal laws have led to an increase in the number of children available for adoption (McDonald, Propp, & Murphy, 2001). This increase is especially true for special needs adoptees, who may have been the victims of abuse and/or neglect, may have been institutionalized, may have had multiple caretakers (Hoyle, 1995), and/or may have developmental disabilities (Glidden, 1991). These children, then, often enter their new family with emotional and/or behavioral difficulties that can be very challenging for the entire family (Mullin & Johnson, 1999) and/or have a chronic disability that means certain limitations for the child and dependency on the parents (Glidden, 1991). In the past, adoption was seen as a service to infertile couples; now, however, it is seen as serving children who need homes (Wright & Flynn, 2006).

Adoption researchers typically have focused on clinical issues and problems found in adopted children and adoptive families (Wegar, 2000). Even when researchers have focused on adoptive families as a whole, many still have tended to concentrate on factors related to disruption (Erich & Leung, 1998). Few researchers have examined successful adoptive families and the factors that contribute to their success, and this is also true of special needs adoptive families.

Since most researchers conducting adoption studies have focused on clinical issues and problems found in adopted children and adoptive families, much of adoption

research is concentrated on deficiencies found within the adoptive family or within the adopted child. These children and these families, however, function within a larger social context that influences them and is influenced by them. This social context influences not only their functioning, but also their views of themselves as individuals and as a family unit (Wegar, 2000). Special needs adoptive families typically interact with a number of external sources designed to provide them with social supports relevant to their or their adopted child's needs, resources that might enhance their success. Therefore, studying adoptive family outcomes without investigating the factors outside the adoptive family that may contribute to these outcomes provides a limited perspective. Research bereft of understanding outside influences does not yield an accurate understanding of these children or families within the greater social context that contributes to or limits their success.

### **Social Support Factors with Special Needs Adoptive Families**

A distinguishing characteristic of special needs adoptive families is their involvement with a wide variety of support services, ranging from medical subsidies to support groups. In fact, involvements in such supports tend to increase over time, as special needs adoptive families struggle to integrate the child into the family (Groze, 1996a). These supports have profoundly impacted special needs adoptions. Financial and medical subsidies, for example, have opened homes to adoptive children that otherwise might not be able to support the child financially. Other supports, such as family counseling and psychoeducational services, are rated as very important and helpful by adoptive families (Rosenthal, Groze, & Morgan, 1996). Indeed, one author (Sar, 2000)

found that psychoeducational activities such as training and information related to the child and the adoptive process were rated as the most helpful adoption preparation tasks by adoptive mothers. Supports that were aimed at the family or preventing disruption were not found as helpful (Sar, 2000). Groze (1996a) found that support gleaned through contact and support groups that included other special needs adoptive families were the most helpful supports of the ones surveyed. Egbert and Lamont (2004) found that parents emphasized that the amount of information given to them about their children's issues increased their ability to cope with those issues. Some researchers have surveyed for use of social supports only (e.g., Erich & Leung, 1998) while others have asked about the helpfulness of a limited list of supports (e.g., Groze, 1996a). The differences in research questions may have contributed to the mixed results of these studies.

An even more compelling reason for the mixed results may be that researchers often treat all special needs families as if they are the same. It seems logical to assume that between group differences may exist. Families that adopt children with different types of special needs children may require different types of supports (e.g., medical subsidies for physical disabilities vs. mental health treatment for abuse). In addition, the families' needs may vary based on whether the parents have had prior experiences with special needs children, such as through foster parenting. Foster parent adoptions are the most common type of adoptions of special needs children (McKenzie, 1993) and are increasing every year (Clark, Thigpen, & Yates, 2006). These families, however, have not been well studied (McKenzie, 1993). According to the Adoption and Foster Care Analysis Reporting System (AFCARS; U. S. Department of Health and Human Services,

2006), 60% of the children adopted from foster care in 2005 were with their adoptive parents as foster children before the adoption. McDonald et al. (2001) assessed reported need, utilization, and availability of a relatively comprehensive list of services, but did not compare use of needs based on type of special needs of the child or the experience of the parents. Indeed, few researchers have taken within group variables into account.

In one of the few such studies, Rosenthal et al. (1996) compared services used by 562 adoptive families based on subgroups determined by the type of child adopted, the experiences of the families (i.e., foster parent experience), and some family and child demographics, including minority status of the parent, marital status of the parent, and whether the target child was part of a sibling group that was adopted. The researchers found differences in service use, need, and helpfulness based on these subcategories. For example, service need in respite care and educational assessment was higher in families who had adopted children with emotional/behavioral difficulties. Parents of children with physical handicaps rated time with other adoptive parents as more helpful than did the other subgroups. It happens, then, that researchers should not assume that all adoptive families are alike in their need for or use of services, as well as their ratings of helpfulness.

In addition to the more tangible service supports made available to special needs adoptive families, they also may—or may not—receive social support from the persons and communities with which they interact. Indeed, Miall (1996) reported that, although there is growing acceptance of adoptive families, such families still are considered “second best” by the general public. In addition, adoptive parents of international



children have reported specific instances of bias, apparently linked to increased societal attention to genetics and preoccupation with reproductive technologies (Lebner, 2000), making adoption seem like a “second choice” for parents.

Special needs adoptive families, by their nature, are exposed to different types of support, ranging from the support of the worker who placed the child to the reaction of the neighbors, which may be at least partially based on the behavior and appearance of the child. Just as all biological families are not the same, so do adoptive families differ from one another, even within the category of “special needs adoptions.” To enhance the success of these families, it is necessary to understand which types of support different types of adoptive families perceive to be available, which ones they utilize, which ones they need, and which they find helpful using a broad range of social supports.

### **Ecological Theory**

It appears that many researchers thus far have concentrated on either more concrete support for special needs adoptive families or a limited number of supports. In order to step back and look at a broader conceptualization for social supports, it would be helpful to use a theory that provides a framework for identifying the various types of supports that may affect these families.

Urie Bronfenbrenner’s (1988, 1989) ecological theory provides a relevant and useful framework. Bronfenbrenner asserted that it is vitally important to study human development within its broader context. The origin of his beliefs came from Lewinian field theory; Bronfenbrenner based his work in Lewin’s classic formula from field theory (Bronfenbrenner, 1988, 1989). To further describe the interrelationship between the

individual and environment, Bronfenbrenner borrowed four organizational concepts from Brim (1975) and expanded them. These four concepts are the microsystem, the mesosystem, the exosystem, and the macrosystem.

The *microsystem* is defined as the immediate setting or environment containing the developing individual at a particular point in time, such as the home or academic setting (Bronfenbrenner, 1977, 1988, 1989). The supports for the parent of the adopted child within the family, such as the spouse or partner, are within the microsystem level.

The *mesosystem* is defined as the interaction among two or more settings containing the developing individual at a particular point in time, such as the interactions between home and the workplace or among the home and academic setting. In other words, a mesosystem is simply a combination of the interactions between microsystems (Bronfenbrenner, 1977, 1988, 1989). A family's use of social supports, such as family counseling or a support group for the child, would affect the child at the mesosystem level.

The *exosystem* is defined as the interaction between two or more settings at a particular point in time, at least one of which does not directly contain the developing individual, but does contain influences on the immediate environment around the individual (Bronfenbrenner, 1977, 1988, 1989). For special needs adoptive children and their families, social supports such as legal assistance or adoptive parents support groups contain processes that indirectly affect the adopted child without directly involving the child.

The *macrosystem* is defined as the overarching patterns regarding a developing individual's culture or subculture. The macrosystem encompasses the microsystem, the

mesosystem, and the exosystem (Bronfenbrenner, 1977, 1988, 1989). This level influences the availability of social supports at the other three levels. It will not be studied directly in this study, but is important in its overarching influence on the other three levels of Bronfenbrenner's theory. This theory, then, provides the researcher with a schema for selecting and identifying the broad range of social supports that may contribute to the success of special needs families. Since supports for adoptive families should be examined and should address all levels of issues that affect families, an ecological perspective such as Bronfenbrenner's provides a sound basis for studying this issue (Schweiger & O'Brien, 2005).

### **Purpose of the Study**

It is important to study the development of an individual within the context of the environment (Bronfenbrenner, 1988, 1989). For members of adoptive families, the environment encompasses all that touches the individual adopted child and her or his family, including the family environment itself, the school, the work environment, extended family, places of worship, the immediate neighborhood, the community, and the larger social structure. Social support from any and all of these environmental influences appears to be vitally important to adoptive families at pre-placement and throughout the family's development (Rosenthal et al., 1996). The importance of the various levels of social support may vary depending on the type of "special need(s)" the adopted child has and parents' experience with fostering children with similar needs.

Thus, the purpose of this study was to investigate what social supports, at the first three levels of Bronfenbrenner's theory, special needs adoptive families reported were the

most available and which they used the most. In addition, the purpose was to determine if these supports varied in need, availability, utilization, and helpfulness based on the parenting experience of the adoptive parents (i.e., those who have experience as foster parents and/or adoptive parents vs. those who do not) and the needs of the special needs child (i.e., developmental disability vs. emotional/behavioral difficulties or disability vs. both types of special needs), and explore whether there is a relationship between specific social supports and family functioning.

### **Statement of the Problem**

In this study, successful special needs adoptive parents' perception of need, availability, utilization, and ratings of helpfulness of social supports was studied relative to the adoptive parents' experience or lack thereof as foster parents and/or adoptive parents and the classification of the special needs child as either having a developmental/physical disability, emotional/behavioral difficulties or disability, or both. In addition, the relationship between the utilization of social supports and family functioning was examined. Specifically, the following research questions were explored:

1. Is there a difference in the perception of *availability* of supports by adoptive families whose parents have experience as foster parents or adoptive parents compared to those that do not?
2. Is there a difference in the perception of *availability* of supports by adoptive families who adopt children with developmental/physical disabilities compared to those who adopt children with emotional/behavioral difficulties or disabilities (or other types of special needs children)?

3. Is there a difference in supports *utilized* by adoptive families whose parents have experience as foster parents or adoptive parents compared to those that do not?
4. Is there a difference in supports *utilized* by adoptive families who adopt children with developmental/physical disabilities compared to those who adopt children with emotional/behavioral difficulties or disabilities (or other types of special needs children)?
5. Is there a difference in supports reported as *needed* by adoptive families whose parents have experience as foster parents or adoptive parents compared to those that do not?
6. Is there a difference in supports reported as *needed* by adoptive families who adopt children with developmental/physical disabilities compared to those who adopt children with emotional/behavioral difficulties or disabilities (or other types of special needs children)?
7. Is there a difference in supports reported as *helpful* by adoptive families whose parents have experience as foster parents or adoptive parents compared to those that do not?
8. Is there a difference in supports reported as *helpful* by adoptive families who adopt children with developmental/physical disabilities compared to those who adopt children with emotional/behavioral difficulties or disabilities (or other types of special needs children)?

9. Is there a relationship between level of functioning in special needs adoptive families and the social supports utilized by the families?

### **Need for the Study**

Special needs adoptive families face unique challenges before, during, and after they integrate the adopted child into the family, and, due to recent legislation, this type of family is growing in number. Families who adopt children with difficult backgrounds face the challenging task of integrating that child into the family (Hoyle, 1995). Children who have emotional and behavioral problems often have academic difficulties, so that schools also may experience difficulty integrating the newly adopted child (Zirkle, Peterson, & Collins-Marotte, 2001). Families who adopt children with a developmental disability face parenting a child who may always have limitations and some level of dependency (Glidden, 1991). Children with developmental disabilities likely will need services throughout their lifespan (Glidden, 1991). In addition, families have expressed frustration with counselors who are not prepared to cope with the unique issues faced by adoptive families (Rosenthal et al., 1996).

In this study, the author sought to inform the profession of counseling by focusing on the perspective of successful adoptive families and the need, use, availability, and helpfulness of support systems by these families. In addition, it was hoped that this study would provide guidance concerning the needs of different types of adoptive families. Conclusions based on this empirical research could assist counselors, staff in adoption agencies, and other related professionals in assisting these families more effectively, for

locating and understanding the importance of utilizing support systems that could help them be more successful.

### **Definition of Terms/Variables**

*Special needs adoptees* are defined as “children who have experienced physical or sexual abuse and/or severe neglect; children with physical or emotional disabilities; children who are older than one year; and children who are members of a sibling group who are placed together with the same adoptive family” (Mullin & Johnson, 1999, p. 590). The definition of special needs adoptive families can vary depending on the state in which the child lives (Groze, 1996a). The researcher chose the stated definition due to its inclusiveness.

*Children with physical/developmental disabilities* are “those with a chronic disability, physical, mental or both, which is likely to result in lifelong limitations and dependency in different domains of functioning” (Glidden, 1991, p. 364). Examples include mental retardation or a hearing impairment.

*Children with emotional/behavioral difficulties or disabilities* are those with an identified emotional or behavioral difficulty or disability. Examples include a learning disability or a DSM-IVTR diagnosis given by a professional.

*Parents with foster care experience or adoptive experience* are those who had foster parent experience prior to the adoption or have adopted a child previous to the target child’s adoption.

*Parents without foster care experience or adoptive experience* are those who did not have foster parent experience or adoptive experience prior to the adoption.

*Social support variables* include social supports representing levels of Bronfenbrenner's theory. Please see Table 1 for a summary of social supports that will be targeted in this study.

*Level of functioning* in special needs adoptive families in this study will be measured by the Relationship Dimensions of Cohesion, Expressiveness, and Conflict in the Family Environment Scale.

### **Summary and Overview of Remaining Chapters**

This research study is presented in five chapters. Chapter I offered an introduction to the topic of special needs adoptive families and social support factors. It also introduced the use of the four levels of Bronfenbrenner's Ecological Theory as a framework for investigating supports for these families. Chapter II contains a review of the empirical literature regarding special needs adoptive families; the perceived availability, use, need of support for and by these families, and the helpfulness of supports. Chapter III contains the overview of the methodology used in this study, including the participants, the sampling method, instruments, the methodological procedure, and the intended data analysis methods. Chapter IV highlights the results of this research by research question. Finally, Chapter V summarizes the study and includes recommendations for future research and for the counseling profession.



**Table 1. *Summary of Social Supports***

<b>Microsystem</b>	<b>Mesosystem</b>	<b>Exosystem</b>
Spouse/partner supportive	Babysitting	Adoption financial subsidy
	Day Care (in-home or out-of- home)	Background information about child
	Dental care for child	Books/articles on adoptive issues for parents
	Drug/alcohol services (includes in-patient treatment, support groups, counseling) for child	Church or religious support
	Educational assessment for child	Community/ neighborhood supportive
	Family counseling/ therapy	Counseling on adoption issues for parents
	Foster/group/ residential placement (outside of home) for child	Counseling/training about child development for parent(s)
	Housekeeper for family	Counseling/training on parental skills
	Home health/ nursing for child	Extended family support
	Individual counseling for child	Friends and/or neighbors support
	Medical care for child's disability	Lawyer for adoption
	Physical or occupational therapy for child	Another adoptive parent assigned as mentor/coach for parents
	Psychiatric hospitalization for child	Meetings for parents with child's previous foster parents
	Psychological evaluation for child	Other financial supports (for example: social security, SSI, WIC) for child
	Respite care (during the day or overnight)	Support group for adoptive parents
	Routine medical care (for example: Medicaid) for child	Time with other adoptive parents for parents

**Table 1—Continued**

	Out-of-home emergency placement for child	
	Social worker or other professional who coordinates services for your child	
	Special education curriculum for child	
	Speech therapy for child	
	Support group for adopted child	
	Time for the child with other adopted child	
	Tutoring for child	
	Vocational rehabilitation counseling for child	

## **CHAPTER II**

### **LITERATURE REVIEW**

During the 1960s, there was an increase in the number of children removed from their homes, as abuse and neglect were beginning to be seen as pathological problems (McKenzie, 1993). It was also in the 1960s that Peter and Joyce Forsythe, adoptive parents of special needs children themselves, helped to found the organization that grew into the North American Council of Adoptable Children. In the 1970s, Mr. Forsythe was again involved in a national movement toward advocacy for special needs adoptions through his work with the Clark Foundation. He assisted the Clark Foundation in becoming active in influencing national policy for the adoption of children with special needs, leading to the development of initiatives and organizations with the purpose of increasing special needs adoptions. Programs at universities began to be established with the purpose of training adoption professionals in both pre- and post-adoption services for special needs adoptive families, among other things. In addition, foster families were increasingly adopting these children (McKenzie, 1993).

In 1980, Public Law 96-272 was passed, providing a federal role in monitoring how foster care services were delivered and funded. The premise of this law was that the majority of families can be kept together and that agencies should make efforts toward this end. If foster care was required, the goal of reuniting the family was to be implemented as soon as possible. Only when all these efforts failed could adoption be

considered (McKenzie, 1993). In the 1990s, the Adoption and Safe Families Act of 1997 promoted the adoption of children under state care where reuniting the family was unlikely (McGlone, Santos, Kazama, Fong, & Mueller, 2002), and provided states with financial and policy incentives (Avery, 1999). Adoption 2002, initiated by President Bill Clinton, began as a directive to the U. S. Department of Health and Human Services to strategize how to place children more quickly in permanent homes and to double the number of adoptions in five years, between 1996 and 2002. Accordingly, a coordinated effort was made to change problems in the adoption system, to move children more quickly to permanent homes, and to address difficulties related to the time it took to implement permanency (Avery, 1999). As a result of these federal initiatives, more children have become available for adoption (Kramer & Houston, 1999; McKenzie, 1993). [In fact, according to the Adoption and Foster Care Analysis Reporting System (AFCARS; U. S. Department of Health and Human Services, 2006) there were 513,000 children in foster homes in the U. S. in 2005; only 18,691 (4%) of these children were placed in pre-adoptive homes at the time of the report even though 114,000 (22%) of the total number of children in care were available for adoption.] Agencies, then, are becoming increasingly challenged to plan for the adoption and service needs of children, recruit and train adoptive families, and plan for support of these families (Sullivan & Freundlich, 1999).

### **Special Needs Adoptive Families**

Families who adopt children with special needs tend to be diverse along several different dimensions. These families include childless couples and couples with other

children, two-parent and single parent homes (McKenzie, 1993). In addition, most special needs adoptive parents have been foster parents first, although this is not a well-defined or well-studied adoptive parent population (McKenzie, 1993). Two premises guide special needs adoptive placement. The first is that children who are older and have varied backgrounds can be adopted, and the second is that families other than middle-class, two-parent families can be good adoptive families for these children (Rosenthal et al., 1996).

In attempting to understand the characteristics of families that adopt children with special needs, Unger, Deiner, and Wilson (1988) used a cognitive social learning framework and a qualitative approach in interviews of 56 adoptive families. Results indicated that these parents decided to adopt because of bonds developed with the adopted child, often through their experiences as foster parents of the child. The parents were not originally cognizant that special-needs children were waiting for adoption and had not considered adopting special-needs children until they met this particular child. Once fostering the child, they felt responsible for her or him and civically responsible overall. The parents had experience with challenging children, often through foster care, and felt competent to raise this child. They were also positive in their hopes about the adoption.

Clark et al. (2006) conducted a qualitative study of 12 families who had adopted older special needs children. They conducted in-depth interviews with 15 parents, 17 adopted children (with a wide range of special needs), and four biological children. They discussed themes taken from the parent interviews. The first theme they explored was family permeability, or the ability of a family “to integrate members of other family

systems into their own family systems” (p. 186). These adoptive families expressed an ability to integrate family members into their family who were not biologically related. Parents reported viewing themselves as competent and able to rear their special needs child, expressed similar values and beliefs regarding children, and expressed a philosophy of parenting that included high levels of structure, communication with their children, and nurturance. The decision to adopt was motivated by acceptance of the realities of adoption; availability of a particular child, expressed especially by the foster families; and a connection to a particular child. Adjustment also was an important theme, defined by the family’s ability to form a connection with the adopted child. This adjustment was affected by the child’s response, the parental response to behavior and feelings expressed by the child in their response, the combined interaction in this process, and the resultant recognition by parents that there was a connection between them and their children. Parents who reported success in these areas seemed able to identify positive strengths in their children’s behavior, saw improvement, and attributed their children’s positive changes as being affected by their parenting. In a review of the literature, Berry (1990) also indicated that parental perceptions of adopted children’s behaviors can greatly affect the outcome of the adoption.

### ***Special Needs Adoptive Children***

Special needs adoptees include a wide variety of “special needs.” These adoptees have been defined as "children who have experienced physical or sexual abuse and/or severe neglect; children with physical or emotional disabilities; children who are older than one year; and children who are members of a sibling group who are placed together

with the same adoptive family" (Mullin & Johnson, 1999, p. 590). In addition, these children may have been institutionalized, been abandoned, and/or had multiple caretakers (Hoyle, 1995; McKenzie, 1993). Adoption policies may cite a different or more focused definition. In fact, the definition of special needs adoptive children can vary depending on the state in which the child lives (Groze, 1996a).

It is particularly difficult to find permanent homes for special needs children. Many states report growing backlogs of children waiting for adoption. Children in foster care tend to wait several years before being released for adoption, making it more difficult to place them (as they get older) and possibly exposing them to even more moves within the foster care system (McKenzie, 1993). In 2005, children waiting for adoption spent an average of over three years in foster care and were 8.6 years old (AFCARS, 2006). This is true despite the fact that there are important advantages for children who are adopted vs. those that stay in long-term foster care. Longer and more extensive lifetime family relationships and greater investment in the child's future as he or she grows to adulthood is more likely in adoptive families (Rosenthal, 1993).

In addition, once special needs children are placed in homes, they can evidence a number of psychological and emotional difficulties that can be very challenging to the adoptive family. These children may require a number of specialized services encompassing the educational, psychological, and medical realms (McKenzie, 1993; Mullin & Johnson, 1999). For example, the type of previous abuse experienced by a child has a significant impact on family functioning (Erich & Leung, 2002). Therefore, the

services used to address issues related to the child's experiences of abuse may be different, based on the type of abuse and its impact on the child and family.

In a study of 52 special needs adoptive families who had adopted children with a history of abuse and/or neglect, Erich and Leung (2002) found differences in family functioning based on the type of abuse/neglect the child had experienced. They found that parents' reports of family functioning were significantly lower if the child had been sexually abused than if the child had been neglected. The authors advocated that potential adoptive parents must be fully informed of the child's background and the possible impact of that background. In addition, they indicated that families need a variety of postadoption services to assist with ongoing adjustment as a family, and that providers of these services should be appropriately trained to assist these families.

Groza and Ryan (2002) investigated the pre-adoptive histories of special needs children as well as those who had been adopted internationally. They concluded that the most significant predictors of children's behavior were their history before adoption and the strength of their relationship with their adoptive parents. Groza and Ryan highlighted the need to assist families in gaining and using services, and indicated that receiving services early in the process of the adoptive placement might have a positive effect on the whole family, and, ultimately, the stability of the placement.

Utilizing a different focus on special needs adoptive families, Smith, Howard, and Monroe (2000) studied the issues these children evidence once they are in the adoptive home. Smith et al. collected data about 292 adopted children who were at risk of placement outside of the adoptive home or adoption dissolution. They summarized the



emotional issues that these children faced, which they related to the difficulties that these families in crisis were facing. In descending order, the children's issues included issues related to separation and attachment, issues regarding their identity, a need to search for birth family members, depression, and symptoms related to post traumatic stress disorder. Like others, Smith et al. called for assistance for these families to address these children's emotional difficulties, and emphasized that this assistance be provided by professionals trained in these issues.

In looking at what factors are related to disruption in adoptive families, Schmidt, Rosenthal, and Bombeck (1988) interviewed 15 families who had experienced adoption disruption within a two-year time frame. Six themes were identified in the interviews as the major contributors to the disruption. These themes included challenges related to attachment, the children's difficulties in letting go of their biological families, the parents' expectations that the child would be less challenging, parents' unresolved issues around infertility, lack of knowledge about the history of the child, and the importance of the adoption workers' experience and support of the families. Parents emphasized workers' support throughout the adoption process, including after the disruption took place. Schmidt et al. emphasized the need for professionals to be sensitive to both the parents and the children in special needs adoptions.

In a review of adoption literature, Rosenthal (1993) summarized key factors that related to adoption disruption including older child age when placed, less background information, unrealistic expectations of parents, stereotypic and rigid family member roles, lack of support from friends and family, history of abuse before placement,

psychiatric hospitalization before placement, acting out behaviors from the child, and placement with new parents and not foster parents.

Special needs adoptive children are challenging. Challenges include increased stress for parents (McGlone et al., 2002), the special needs of the child (McDonald et al., 2001), and difficulty in forming a relationship with the child (Rushton, Dance, & Quinton, 2000). It seems obvious that many of these families could benefit from assistance in the task of integrating a new member into the family. In addition to the stressors presented by a special needs child, however, families report difficulty in the accessibility of services (McDonald et al., 2001), or report services were instituted too late to assist families in crisis (McDonald, Lieberman, Partridge, & Hornby, 1991). Not only do these families need various types of social support, but those provided by professionals should include an understanding of the requirements of these families (Groze, 1996a). Professionals who work with these families need specialized knowledge and training in order to best work with them (Erich & Leung, 2002; Helwig & Ruthven, 1990; Smith et al., 2000). In addition, stigma within the adoption professional community may keep adoptive families from asking for help when needed (Wegar, 2000).

### ***Research on Special Needs Adoptive Families***

Adoption researchers historically have been deficit-oriented, focusing on the greater incidence of psychological difficulties in adoptive children as well as higher frequency of referrals for treatment (Brodzinsky & Brodzinsky, 1992). Adoption researchers often have concentrated on deficiencies found within the adoptive family or within the adopted child (Wegar, 2000). The professional literature on adoption is based

primarily in practice wisdom, rather than theory, and is focused on infant adoption (Smith et al., 2000). Researchers have tended to concentrate on those factors related to disruption (Erich & Leung, 1998). Therefore, attempts to describe successful adoptive families have been gleaned from studies related to disruption (Reilly & Platz, 2003). In addition, the perspective of parents has not been explored very much in the literature even though they are the true experts of their families' experiences and their needs in terms of support (Egbert & Lamont, 2004).

### **Special Needs Adoptive Families and Social Supports**

Due to the challenges of adopting a child who has special needs, and due to the nature of the adoptive process, the adoptive family often is involved in support services. Hopefully, these supports assist with the transition of integrating the adopted child into the family, help alleviate any difficulties in this process, and assist family members as they move through new developmental stages. In fact, families often increase their use of supports over time (Groze, 1996a; 1996b), and this support may help to decrease the incidents of disruption in adoptive families (Berry, 1990). Since these families vary widely in terms of experience and in regards to the specific special needs of the adopted child, it is clear that a wide variety of supports are needed.

#### ***Social Support Need, Use, Availability and Helpfulness***

Researchers have used a wide variety of ways to “measure” or study social supports. The following section reviews this literature in terms of studies of need, use, availability, and helpfulness.

***Need for social support.*** One way of measuring social supports is through families' reported needs for services and supports. Several researchers have asked families which services they needed, and which were met and unmet by social service agencies.

Kramer and Houston (1998) surveyed families on areas of support not currently available but perceived as needed. They used open-ended questions, and found that over half of the parental reports of unmet needs centered primarily on access to agency staff and services through the adoption agency. Reported unmet needs included counseling services, child care and respite, financial assistance, support from other adoptive parents, access to agency staff, assistance in finalizing the adoption and receiving background information about the child in a timely manner, and assistance in accessing and paying for services such as medical care and child care.

In a later study by Kramer and Houston (1999), parents of special needs children in the preadoption stage reported parenting concerns that included needed services not being received, such as services from the adoption agency, background information about the child, medical services, school services, and counseling for the child. In addition, families also reported areas of support not currently available but perceived as needed. These included nonagency services received through the adoption agency, having contact with staff from the agency, incomplete background information about the child, counseling services, services related to finances, and lack of trust due to the dual role of being recipients of services and receiving a stipend as members of the Hope for the Children program surveyed in this research.

In a four-year longitudinal study of 71 special needs adoptive families, Groze (1996b) also surveyed for unmet needs. He found that a third of the families reported a need for financial support, and one fourth identified routine medical and dental care as unmet needs. In addition, 20% of these families indicated that unmet needs included educational services, counseling regarding adoption issues, case management, and support groups for the parent(s). Similarly, McDonald et al. (2001) found that the most common needs reported from a list by 159 parents were a regular classroom setting, a primary care physician, financial assistance, and a lawyer. There were discrepancies between reported need and services received, with the greatest discrepancies regarding self-help groups and respite services. Only 75% of the sample who reported these needs also reported being part of a self-help group or receiving respite services. Services used by parents were reported in this study as services received.

In a 2004 study, Reilly and Platz surveyed 249 parents of 373 adopted special needs children. Using an adapted list of 35 services from the Needs and Satisfaction Services Inventory (Rosenthal et al., 1995), the authors received information about parents' reports of needed services. Needed services could be defined as services needed and received or needed and not received. Of the 35 services listed, over half of the parents reported the following services were needed: financial services related to health benefits (78%), financial services related to subsidies (73%), dental care (65%), routine medical care (63%), and counseling for the adopted child (52%).

Rosenthal et al. (1996) studied within-group differences regarding needs of 562 special needs adoptive families. The subgroups (within group differences) included type

of child adopted, the experiences of the families (i.e., foster parent experience), and some family and child demographics, including minority status of the parent, marital status of the parent, and whether the target child was part of a sibling group that was adopted. Rosenthal et al. found reported need for services differed by family subgroup. For example, service need for respite care (69%) and educational assessment (90%) was higher in families who had adopted children with emotional/behavioral difficulties. In some of the counseling areas, such as individual and family counseling, need was expressed in families of younger adopted children as well as those who had older children. However, there was a general trend of greatest need in families of older children (ages 13-19). In addition, Rosenthal et al. investigated the daily support that families were receiving and whether more support was needed. Almost half of the full sample indicated that they wanted greater support for problems, such as medical and school issues, and a need for some respite away from the children.

Marcenko and Smith (1991) surveyed 125 families who had adopted children with developmental disabilities. They found that, in general, parents who reported they had not utilized a service (on a list of 25 provided by the researchers), also reported the service was not needed. However, families did report unmet needs for respite care (23%), life planning for the child (22%), support groups (20%), and child care for the other children (17%).

In a study about the benefits of adoption preservation services, Zosky, Howard, Smith, Howard, and Shelvin (2005) surveyed 835 families who had received adoption preservation services from a particular program. This article discussed the qualitative part

of this study and included parents' feedback on services needed that were not available and gaps in services. Parents reported that they wished services had been available for a longer period of time and listed respite services and mentoring programs as services that were needed.

Across these studies, parents frequently reported respite as a needed service and as a need that was not being met. Support in some form from other adoptive families also was mentioned frequently in these studies as an unmet need. There also were indications that need varied by type of special needs (Marcenko & Smith, 1991; Rosenthal et al., 1996).

***Use of social supports.*** Another way of assessing social supports is to measure family use of supports. This appears to be the most typical way of studying social supports, although sometimes it involves asking about supports received versus supports used. Nevertheless, results suggest that for special needs adoptive families, service usage tends to increase over time (Erich & Leung, 1998; Groze, 1996a). In addition, parents are clear about what they want when asked (Barth & Miller, 2000).

Groze (1996a) followed 133 families who had finalized adoptions of children with special needs at one year and then again at two years. He investigated service involvement and aspects of family functioning. Service involvement in the four services he surveyed increased from year one to year two, including individual counseling for the child (10% increase), contact with other special-needs families (10% increase), family counseling (6% increase), and support groups for the parents (~8% increase). In addition, over half of the target children were enrolled in some type of special classes both years.

Although Groze did investigate the use of various supports, it should be noted that only four supports were studied.

Groze (1996b) went back to these families four years later and conducted follow-up surveys with 71 of the families. In addition, he conducted interviews with 44 of these families for the express purpose of exploring seven domains of social support through the use of a social network map. Groze reported that over one-fourth (26.2%) of the families' support networks consisted of family members and relatives outside of the household, and slightly under one-fourth (22.4%) of their support was derived from professionals (formal service providers). The remainder of the families' support came (in descending order) from individuals related to organizations and church (13.9%); people at work and school (12.6%); other friends (12.2%); neighbors (8.2%); and members of the household (e.g., people with whom they lived) (2.7%). Service involvement in both family and individual therapy increased each year of this four-year study. Although the level of involvement in support groups increased and then declined over the four years, utilization of this resource was still slightly higher in year four (25.5%) than in year one (24.3%). Contact with other adoptive families was still utilized in year four, although frequency declined over the four-year span of this study.

In the first three years of the study, Groze (1996b) specifically asked about social support from relatives, spouse's relatives, and friends. He included three questions addressing approval of the adoption, and found that families received a "great deal of support" from family and friends regarding the adoption. Other researchers also have investigated support from family and friends. In a survey of 799 families, Rosenthal and



Groze (1992) reported that 80% of the families had very strong support from family and friends regarding approval of the adoption. Although both research projects used only three questions to address this issue, it is striking that the large majority of respondents reported receiving support from family and friends.

Rosenthal and Groze (1990, 1992) surveyed 799 parents of special needs adoptive families regarding various support services they received. Surprisingly, 31% reported no meetings with adoption workers after placement. In an analysis of a subgroup of adoptions placed in the home for five years or less, however, the number of families reporting no meetings with the adoption worker after placement was 19%, implying that perhaps contact was more frequent in more recent adoptions. Using a list of four services, the researchers found that 36% received individual therapy for the child, 26% received family therapy, 19% received time with an adoptive parent support group, 31% had contact with other special needs families, and 40% had child(ren) enrolled in some type of special education classes at school. Although the list of four services was quite limited in terms of the possible breadth of services, it is still striking that with the exception of the school services, the most received service still was reported by only slightly over 1/3 of the sample. The researchers did not assess the reasons families did not use the services. Therefore, it is impossible to know whether they did not use any of the services, whether they did not need them, or whether they perceived them as unavailable.

Later, Rosenthal et al. (1996) studied what services had been received by 562 of the original 799 parents. Using a list of 35 services, they investigated within group differences based on type of child adopted, the experiences of the families (i.e., foster

parent experience), and some family and child demographics, including minority status of the respondent, marital status of the respondent, and whether the target child was part of a sibling group that was adopted. Rosenthal et al. found differences in service use based on these within group categories. For example, service use in the family increased with the age of the child at time of entry into the home and in the overall sample as the child grew older. In addition, the emotional/behavioral subgroup was higher in many services. Families reported receiving more informal supports (from the spouse, friends/neighbors, or religious affiliation) than more formal supports (such as service agencies). Although sample sizes were quite small for some of the subgroups and services, this study provided one of the more comprehensive reports on service usage by special needs adoptive families. In addition, families actually were asked about the services they received, and results were reported as services used, which makes this section a little difficult to understand in the study.

Nelson (1985) studied 177 special needs families. One of her purposes was to determine what supports families used from the government, professionals, and their own personal support network. Of these families, 81% reported the use of a financial subsidy, and 41% of these families said this subsidy was necessary to their ability to adopt the child(ren). The adoption agency had arranged financial assistance for the vast majority of these families and also assisted in obtaining Medicaid for some of the families. In addition, the families heavily utilized other services, including counseling, special education, special medical care, or day care. A large majority (90%) of the families also relied on relatives, friends, neighbors, and self-help groups. Immediate family members

participated heavily in caring for the child, and extended family, neighbors, and friends assisted by providing baby-sitting. Nelson reported that members of the informal support network might be seen as providing “counseling” for the adopted child and/or the family. Although Nelson included a limited number of formal supports in this study, this is one of the few studies to highlight the importance of the less formal supports found in the immediate family, in the extended family, and in the immediate community.

A longitudinal study conducted by Berry, Barth, and Needell (1996) is one of the largest studies of adoption ever conducted. The researchers surveyed families (N=1,059) twice, approximately two years apart. Parents of both infant adoptions and older child adoptions were included, as well as special need adoptions, and results were compared for type of agency involved in the adoption. Berry et al. asked about what services were *received* rather than *used*, but the results seem relevant and so are reported here.

Berry et al. found that no single service aimed at helping prepare parents (i.e. information about the child and meetings with birth parents) was provided to more than approximately half of the sample. Information about the child was also provided to over half of the parents. Post-placement services were provided to only 37% of the full sample. Visits with the social worker were reported by between 51% and 84% of parents, depending on the type of agency from which the child was adopted. In addition, there were differences in reported use of preparatory services and post-placement services by parents based on whether they adopted through a public agency, independently, or through a private agency. Although the majority of the full sample reported being satisfied with the adoption and the adoption agency, and 46% of public agency adopters

indicated that the adoption exceeded their expectations, satisfaction levels were relatively low in public agency adoptions, which were the adoptions most likely to involve children with special needs. In addition, only 41% of public agency adopters reported receiving post-placement services. Although this study did not divide families into categories (i.e., those who did/did not adopt special needs children), the association between public agency adoptions and satisfaction in these families has implications for special needs adoptions.

In the third wave of the above study (Berry et al., 1996), Brooks, Allen, and Barth (2002) surveyed parents from a list regarding the types of post-adoption services they received. The study included 873 adoptive parents, 58% of whom indicated that they had adopted children with special needs. Results, however, were not reported separately for special needs adoptive families. Overall, parents reported their most widely used services were books and articles (82%), and lectures and seminars (43%) about adoption. Less than 30% of the adopters overall reported attending support groups for families or adopted children, counseling for the child or family members, or crisis counseling. The researchers were unsure if this result reflected a lack of availability of services or a lack of need for the services. Therefore, this study illustrates the inherent difficulties in surveying for use of services only.

Other researchers also have found service use related to type of child difficulty. Kramer and Houston (1998) surveyed 29 families with 48 children living with their adoptive families but not yet formally adopted. Parents (mostly mothers) responded to a four-part questionnaire (The Special Needs Adoption Parent Support Questionnaire or

SNAPS) designed to assess the types of support currently received. The SNAPS asked about problems with the pre-adoptive child, where parents turned for help with these problems from a list of 33 potential resources, and how often parents utilized this assistance. Results indicated that parents chose supports based on the types of difficulties they were experiencing. For example, parents tended to turn to both formal (e.g., therapists, school representatives) and informal (e.g., spouse, extended family) support resources not directly related to the adoption agency when faced with difficulties with the pre-adoptive child's behavior at home. In contrast, when faced with issues related to gaining access to services provided by the agency and other formal providers (e.g., counseling centers, schools), parents relied on agency staff. Parents reported having the highest level of contact, overall, with informal resources (not related to the agency) such as extended family and friends.

In another study by the same authors also using the SNAPS (Kramer & Houston, 1999), 17 parents in twelve preadoptive families were surveyed regarding the supports they had received. These families were living in a unique community with other foster and adoptive parents and with easy access to community supports. Results again indicated that parents chose supports based on the types of difficulties they were experiencing, similar to results of the earlier study, with one notable exception. Parents reported having the highest level of contact, overall, with their spouse, their assigned family advocate, other parents, caseworkers, therapists, and their best friend. Perhaps the easier availability of more formal resources helped these parents to utilize them.

Reilly and Platz (2003), in a study of 249 families of special needs adoptive children, only reported specifically regarding parents' opinions of the information they received on their adopted child. They used the Adoption Problems Index to identify difficulties adoptive parents have in obtaining services rather than surveying for individual services. Regarding parents' opinions on information received, however, 58% reported receiving inadequate information about their child, and 37% reported a discrepancy between what they were told about the child's problems and their perception of the child's problems; the parents reported the problems as being more serious than they were told.

In a follow up study of the same population, Reilly and Platz (2004) reported more detail regarding parents' perceptions of their use of services. They surveyed for this information by asking parents to report if they needed a service, and then asking them to report receipt of needed services that they had reported they needed. In other words, they were only surveyed for receipt of the services if they reported that the services were needed. Of the services that over half of the parents reported needing, well over half of those parents also reported receiving the services. These services were financial services related to health benefits (86%), financial services related to subsidies (89%), dental care (81%), routine medical care (91%), and counseling for the adopted child (71%). However, other services reported as needed by a relatively high percentage of parents were received by a lower portion of the parents who reported they needed the services. These included respite services (needed – 49%; received by those who reported a need – 28%), daycare in the home (needed – 29%; received by those who reported a need –

33%); daycare out of the home (needed – 38%; received by those who reported a need – 38%), supports groups for the parents (needed – 34%; received by those who reported a need – 36%), and meetings with master adoptive parents (needed – 30%; received by those who reported a need – 27%). Of the over 1/3 of parents who reported needing these services, only 1/3 or less of the needed services were also reported as being received by those parents.

***Social support availability.*** A third way to measure social supports is through perceived availability. This is distinct from *use* since families may or may not use the resources they perceive to be available, although availability obviously affects which supports the families might use. Perceived availability is studied less often than use, but it is a different consideration from use and is an important one. “If adequate supports were in place to offset the challenges that some of these children’s special needs present, the relationship between special needs and placement adjustment may then not exist” (McDonald et al., 2001, p. 91).

One study by Nelson (1985) investigated social supports that special needs adoptive families reported were difficult for them to access. In a survey of 177 families, 71% reported that they struggled to obtain a minimum of one of the services that they needed. Some parents expressed difficulties in finding any services, with 21% reporting three or more unmet service needs. The most common reasons cited for unmet service needs by the parents included a lack of responsiveness to their requests for help, “bureaucratic problems” (this was not defined), and financial barriers.

***Social support helpfulness.*** Finally, researchers investigating social supports have asked families to rate the helpfulness of supports they received. In a 1998 study, Kramer and Houston surveyed 40 special needs adoptive parents (before adoption was legalized), representing 29 families, regarding helpfulness of resources that they turned to for help in various situations. Parents' reports of contact with more informal resources (e.g., spouse, extended family members, church) were rated as the most helpful, although more formal support networks (e.g., child's doctor, counselor, teacher) also received high marks on helpfulness. Parents reported both informal and formal services as being important in obtaining help for various issues. In a later study investigating 17 parents in twelve preadoptive families who were living in a unique community with other foster and adoptive parents and with easy access to community supports, Kramer and Houston (1999) again found that parents reported the helpfulness of both informal and formal services as being important.

Brooks et al. (2002) also surveyed adoptive parents on service helpfulness, as well as the importance of a specified list of services. Respondents also were asked whether they had adopted children from a public agency, a private agency, or independently. Brooks et al. reported that the majority of the parents adopting from public agencies tended to be families that adopted children with special needs. These families tended to indicate that the services they did receive were either "helpful" or "very helpful." The list of services surveyed was limited in number and included reading information on adoption, attending lectures and/or seminars, support groups for parents, support groups for adopted child(ren), child counseling, marital or individual counseling, family therapy,



and crisis counseling. When asked what services families would rate as quite a bit or a great deal important, the overall sample responded with the following, in descending order: information about the child's history, reading information about adoption, information about the monetary costs of adoption, and classes and workshops. Public agency adopters—those more likely to have adopted special needs children—differed somewhat from the overall sample. Their five highest rated services differed and were reported as follows in descending order: information about the child's history, classes and workshops, reading information on adoption, support/counseling groups for parents, and support/counseling groups for the children. These results suggest that parents who adopt special needs children may have service needs unique from other types of adoptive parents. It is important to note that the list of services surveyed was limited in this study, however, and the authors did not provide data about how many of the sample represented families of special needs children.

In a two year longitudinal study involving 199 families, Groze (1996a) studied services used since placement of the special needs children. He reported that contact with other families and support groups for the parents were more helpful to families than family counseling or individual counseling for the adopted child. Services were reported as being helpful overall, however. In the fourth year of this same study, Groze (1996b) reported more detailed information about the helpfulness of services to the 71 families who had participated in all phases of the study. Over 80% of these families reported that therapy services (individual and family) were somewhat or very helpful. In addition, families reported more positive effects from parental support groups than from support

groups for the adopted child. It should be noted that a limited list of supports were surveyed in this longitudinal study.

Research regarding helpfulness has been included in two studies of specific support. In a large study of 799 families, Rosenthal and Groze (1990, 1992) surveyed a wide variety of areas in adoptive family life related to family outcome. Regarding supportive services, over one-third of the respondents reported that background information on the adopted child was incomplete. The researchers did not report if this also meant that the information was unhelpful for the families. Respondents did indicate, however, that services provided by the adoption worker were helpful, however, with only 14% of them indicating that these services were not helpful. In addition, respondents rated contact with other special needs families as the most helpful of the small list of four support services surveyed. Almost one-half of the adopted children were enrolled in special education services, although parents were not asked about helpfulness of school-related services.

Rosenthal and Groze (1991) also reported on a more focused study of a subset of this sample, families who adopted children with handicaps, including visual handicaps, hearing impairment, physical impairments, mental retardation, or serious medical conditions. Using the same list of four support services, adoptive parents of children with handicaps rated time in parent support groups as slightly more helpful than contact with other special needs families. It is important to note that not all families received all services. Therefore, respondents could only rate the helpfulness of services received.

Rosenthal et al. (1996) also surveyed for service helpfulness in a sample of 562 adoptive families partly garnered from the above studies. Services related to financial support (i.e., medical and subsidies) were rated as the most helpful supports by the overall sample. Over half of the full sample also rated counseling, tutoring, and psychoeducational services, such as assistance with adoption issues, child development, and planning for the adopted child's future, as "very helpful." One subcategory of families surveyed in the study, parents of children with physical handicaps, rated time with other adoptive parents as more helpful than did the other subgroups.

In Nelson's (1985) survey of 177 families, parents not only reported difficulty with obtaining services, they also expressed dissatisfaction with services they did receive. Almost half of the families receiving counseling for the child expressed a lack of satisfaction with this service; reports related to the inappropriateness of services were more often reported by families who also expressed that their special education needs for their child(ren) were unmet. Respondents wanted more counseling for their children to address issues such as separation from prior families with whom they had lived or different counseling methods. Those identifying special education needs wanted more individualized attention for the child, a more individualized program, and a program that included attention to the child's emotional needs as well as academic needs.

In their survey of 249 adoptive families of special needs children and using an adapted list (Rosenthal et al., 1995) of 35 services, Reilly and Platz (2004) asked parents about the helpfulness of services received. The most helpful services reported included financial services related to health benefits (95%), financial services related to subsidies

(96%), dental care (91%), routine medical care (92%), and health care in the home (93%). Therefore, four of the services reported as most needed and then most received in this study were also rated as the most helpful. Services reported as among the least helpful by approximately half of the parents were care in an emergency shelter (45%), placement out of the home (52%), and services related to drugs and alcohol (54%). These services would appear to be needed and received by parents in crisis situations with their children, which may be reflected in the ratings of the services.

In their study about the benefits of adoption preservation services, Zosky et al. (2005) referred to services as those received rather than used and discussed counseling services primarily. Parents were asked about what was most helpful about how services were delivered by their “worker,” and also about those things that were not helpful. Parents spoke highly of a model of service delivery in this program: services were free, were offered in flexible locales (e.g., offered at home), and were offered during hours other than business hours. The specific issues that the counseling services addressed included communication, understanding their child better, understanding unique issues related to adoption (e.g., identity), attachment, anger, and assistance with advocacy in getting needed services. Parents also discussed the importance of the quality of the relationship with their “worker.” Unhelpfulness was discussed in terms of gaps in services and additional unmet needs and has already been discussed in this chapter.

Researchers vary in how they have investigated social supports (i.e., use, availability, helpfulness, and/or need) and in how many and what type of social supports were investigated. Therefore, results vary in the supports reported by the families as used

(or received), available, needed, and/or rating of helpfulness. Because of the differences in how these studies were conducted and the conclusions drawn within individual studies, it is very difficult to make generalizations based on this literature. “Thus, we make no assumptions that all difficulties in adoptive families will require post-adoption services, but only that some may and that the emerging field of post-adoption services requires better theoretical and empirical guidance if these families are to obtain the assistance they seek” (Barth & Miller, 2000, p. 448).

### ***Within-group Family Comparisons***

***Differences in adopted children.*** Researchers have pointed out that parent needs for support may vary based on the special needs of the adopted child (Kramer & Houston, 1998). It would seem intuitive that looking at differences in support based on the special needs of the child would be helpful in understanding families’ understanding of the availability, their needs, their use, and their view of the helpfulness of social supports. Few researchers, however, have looked at these within group differences in the literature regarding social supports and special needs adoption. In fact, researchers in one study even listed differences in children as a reason not to include certain children in their study: “Placements of children who suffered profound mental or physical disability were excluded because of the very different challenges they present and different services that might be involved” (Rushton et al., 2000, p. 55). Within-group studies are reported below.

Several researchers have examined families of special needs adopted children with developmental disabilities only (Glidden, 1990, 1991; Glidden, Valliere, & Herbert,

1988; Marcenko & Smith, 1991; Marx, 1990). Of these, only Marcenko and Smith (1991) examined social supports in these families, and there was not a comparison with families of other types of special needs children. Glidden (1990) discussed a model of family adjustment for adoptive families of children with developmental disabilities (defined as mental retardation) and the important role of preparation and support from both within the family and outside of it for adoptive families, and she compared the likely role of preparation and support between adoptive families and birth families of these children. These concepts were not tested empirically, however, by Glidden.

Others have examined families of special needs adopted children with emotional and/or behavioral disabilities or difficulties only (Groza & Ryan, 2002; Groze, 1996a). Groza and Ryan (2002) compared a sample of international adoptions (Romania) to a sample of special needs domestic adoptions, concentrating on the previous history of adoptees and parent-child relationships in relation to the adopted children's behavior. They did not study social support in these families. Groze (1996a) surveyed families regarding both social support use and children's behavior problems. In addition, Groze surveyed families on their knowledge of previous physical and sexual abuse experienced by their adopted children. These variables were not examined in relation to each other, however.

Other researchers have reported data regarding the various special needs of the adopted children in their sample, but reported no analysis of how this variable might have impacted their results (e.g., Kramer & Houston, 1998; Leung & Erich, 2002; McDonald et al., 2001; Nelson, 1985; Sar, 2000). Reilly and Platz (xxxx) did report impact of

special needs in the form of “disabilities” on outcomes, but found no significant relationship, nor did they examine types of disabilities as compared to each other in impact on outcomes. Instead the authors grouped all disabilities together in the comparison. The authors do refer to “physical” disabilities as an outcome measure in one part of the analysis, but it is unclear if the outcome measure of “disability” is in reference to physical disabilities only in the rest of the analysis. In any case, the authors found no significant relationship between child’s disabilities and family outcomes as defined by parent satisfaction, relationship quality between parents and child, and overall impact of adoption on family.

Avery (1999) conducted a study of 77 children who had been waiting the longest for adoption in the state of New York. An analysis indicated that the majority tended to have significant disability(s). Only 11.7% of these children were reported as having no disability, and 18.2% were reported as having multiple disabilities. In addition, when caseworkers were interviewed regarding these children, 74.5% reported their belief that these children were difficult to place due to their medical or mental condition, and 27.6% reported that it was due to their emotional difficulties. It appears that special needs status could be related even to difficulties in placement.

Other researchers reported some analyses of outcomes in relation to the special needs of the adopted children and found significant relationships. Rosenthal, Schmidt, and Conner (1988), in a study of disrupted versus intact adoptive families, reported that behavioral and emotional difficulties showed much stronger relationships to adoptive outcome than what they termed “skills/abilities” (e. g., language, gross motor skills).

Problems with acting out ( $r = -.39$ ), withdrawn behaviors ( $r = -.32$ ), and hyperactivity ( $r = -.46$ ) were all negatively associated with adoption outcome (intact vs. disrupted placement). In contrast, higher scores on the items comprising the level of skills/abilities were only weakly associated ( $r = .13$ ) with intact outcome.

Glidden and Cahill (1997) examined family outcomes in relationship to type of diagnosis in adopted children. Ninety-six families who adopted children with Down syndrome, cerebral palsy, fetal alcohol syndrome, brain damage, and developmental delays with unknown origin were included in the study. The authors in this study were comparing family outcomes of adoptive families of children with Down syndrome with those who adopted children with other developmental disabilities. Type of diagnosis was found to be related to marital satisfaction, family disharmony, and depression in mothers; type of diagnosis was found to be related to family strength and marital satisfaction for fathers. Not only might there be differences in families who have adopted children with physical disabilities vs. those that have adopted children with more emotional/behavioral difficulties, but there may also be a difference within the latter groups.

Rosenthal and Groze (1990) used multiple regression to identify variables having a relationship to adoption outcome in a sample of 799 families with special needs adopted children. Of the significant variables, prior sexual abuse ( $r = .16$ ) and a learning disability ( $r = -.10$ ) were related slightly to family impact.

Rushton et al. (2000), in a study of 61 special needs adopted children in England, reported that levels of overactivity were predictive of outcome in special needs families (identified as being “more” or “less” stable), but that overall level of behavioral problems



was only weakly predictive of outcome. In addition, they reported that conduct and emotional difficulties did not correlate to family outcome at all.

Groze (1996b) reported that adoption impact was not affected by type of special needs of the child in his longitudinal study. Number of special needs was negatively correlated, however, to parents who would advise others to adopt.

In a study concentrating on parents' perceived level of preparedness for their special needs adoptions, Egbert and Lamont (2004) found that for children who had histories of emotional abuse as compared to those who did not ( $t = 6.21$ ;  $U = 6969.5$ ), children who had histories of sexual abuse as compared to those who did not ( $t = 5.80$ ;  $U = 7896.5$ ), children who had physical abuse histories as compared to those who did not ( $t = 4.60$ ;  $U = 9194.5$ ), and children who had histories of neglect as compared to those who did not ( $t = 4.23$ ;  $U = 6414.0$ ), there were significant differences in parents' perceived level of preparedness, with parents reporting being less prepared if children were reported with histories of emotional, sexual abuse, physical abuse, or histories of neglect. In addition, children who had emotional and behavioral difficulties in the adoptive home as compared to those who did not ( $t = 5.10$ ;  $U = 8175.5$ ) were negatively related to parents' reported level of preparedness. These findings implied that parents perceived lower levels of preparedness when their children had histories of abuse and neglect and exhibited difficulties at home. The authors also found that four variables predicted perceived preparedness, one of which was the relationship with the Division of Child and Family Services ( $\beta = .226$ ). In addition, all of the individual abuse and neglect variables correlated with difficulties with attachment ( $R = .529$ ). In the qualitative portion of the

study, parents expressed that the more information they had about their children's issues, the better prepared they felt to cope with those issues. The authors emphasized the need for parents to receive accurate and complete information before, during, and after the adoption process about issues related to their children's histories. They also emphasized the need for availability of education to assist parents in the challenges associated with rearing these children.

Finally, authors of three studies reported relationships between types of special needs of adopted children and social supports. For example, Brooks et al. (2002) examined a number of supports used by adoptive families. Preliminary analyses led these researchers to investigate the relationship between parents' report of importance of clinical services in relation to whether they adopted children with emotional problems/behavioral problems or a history of abuse and/or neglect. They found that parents who had adopted a child with emotional/behavioral problems were 1.7 times more likely to place importance on clinical services and were 1.6 times more likely to place importance on clinical services if their child had been abused or neglected.

Rosenthal and Groze (1991) examined a subsample of children with handicaps including those with vision, hearing, or physical impairments, as well as mental retardation or a serious medical diagnosis. They compared this sample to those children with other special needs such as behavioral problems. Both of these subsamples were derived from a larger sample of 799 families of special needs children from an earlier study (Rosenthal & Groze, 1990). The only difference that the researchers discussed in terms of social support was that parents of children with handicaps evaluated a limited

list of services (e.g., individual counseling for child, family counseling, parent support groups, and contact with other adoptive parents) as less helpful than the parents of children with other types of special needs (Rosenthal & Groze, 1991; Rosenthal & Groze, 1992). In another publication from the same sample, Rosenthal and Groze (1992) added that parents who adopted children with handicaps placed importance on accuracy of background information, and this correlated slightly with adoption impact on the family ( $r = .34$ ). Parents of these children were also a little more likely to be in contact with other parents of special needs children. In addition, parents scored higher on the parent-child relationship scale if they adopted a child with a handicap (Rosenthal & Groze, 1994).

Rosenthal et al. (1996) examined use, helpfulness, and need for a list of 35 services and compared responses of families who had adopted a child with a handicap and families who had adopted a child with emotional/behavioral problems as well as other subgroups. The emotional/behavioral subgroup was much higher in many social supports than other subgroups. Regarding helpfulness, 81% of the parents who adopted children with handicaps indicated time with other adoptive parents as helpful, a percentage much higher than in the total sample (49%). Reported service need was higher overall for those families who adopted a child with emotional/behavioral challenges. Respite care was reported as needed by almost 70% of this subgroup, while only 35% of the full sample reported a need for this support. Over 90% of this subgroup reported a need for assessment services in education. Though it is important to note that subsamples for many of the social supports studied were very small, this study stands out as one of

the few studies in which the relationship between social supports and types of special needs of adopted children were investigated.

***Differences in adoptive parents.*** Another variable that might affect use, availability, need, or helpfulness of social supports in special needs adoptive families is parental experience with foster care or adoption. Again, few researchers have looked at this variable in relation to social supports, although some have. In several of these studies foster parent placement instead of foster parent experience per se has been examined; it is important to note that some researchers investigating special needs adoptions have found relationships between foster parent placement and positive outcomes for these families. Experience may be hypothesized to play a part in these results, even if this was not examined directly as a variable.

Reilly and Platz (2003), in their study of 249 special needs families, administered the Prior Information Index to the parents in their sample to measure the amount of information that the parents believed they had about their adopted child's background. They found significant differences in the scores based on the types of adoption. Parents in relative adoptions reported having significantly more information about their child than either foster parents or new parents. No significant difference was found between foster parents and new parents.

Glidden (1991) studied maternal experience with child handicaps in relation to family outcome in a sample of 87 families who adopted children with developmental disabilities. Using three factors measured by the Holroyd Questionnaire of Resources and Stress (i.e., Family Disharmony, Lack of Personal Reward, and Personal Burden for

Respondent) and the Nelson Index of Parent Satisfaction, the researchers conducted regression analyses between these four dependent variables and family predictor variables such as maternal experience. The only significant result was found in a negative relationship between maternal experience with handicap and Lack of Personal Reward ( $\beta = -.29$ ). This result appears to imply that experience with child handicaps may be related to an aspect of satisfaction with the adoption.

Rosenthal and Groze (1990) surveyed 799 families of special needs children. Among other variables, they studied adoption by foster parents in relation to adoptive impact, which was measured with one question using a Likert-type format. Adoption by foster parents was positively correlated to adoption impact in one of a series of regressions ( $\beta = .10$ ). Again, this result seems to infer that parenting experience is helpful to coping with challenges of the adoption.

Rosenthal and Groze (1991) examined a subsample of children ( $n = 163$ ) with handicaps including those with vision, hearing, or physical impairments, as well as mental retardation or a serious medical diagnosis. Both of these subsamples are derived from a larger sample (Rosenthal & Groze, 1990) of 799 families. Among other variables, the researchers investigated the impact of adoption by foster/non-foster parents and how this interacted with the type of special needs in relation to family outcome. Family outcome was measured by the parent-child relationship. Foster parents adopting children with handicaps yielded higher parent-child relationships than did non-foster parents adopting children without handicaps. Other analyses of the same data (Rosenthal & Groze, 1992) were reported in relation to outcomes in the families. For example, using

regression, the researchers reported a significant relationship between “adoption by foster parents” and family impact ( $\beta = .10$ ). Rosenthal and Groze (1994) also reported that adoption by foster parents (vs. non-foster parents) was related to higher parent-child relationship scores, and that this relationship was predictive.

In a study concentrating on factors related to adoption disruption, Rosenthal et al. (1988) found that foster parent placements were successful more often than placements with a new family. Out of the full sample of 62 families who experienced disruptions, only 21% were in foster placements. Also, 41% of the 27 intact adoptions were foster placements; 22% of the matched sample of 27 disrupted adoptive placements began as foster placements. The authors also found a relationship between age and outcome, with older parents being more successful in sustaining placements; the authors noted that older parents in the study tended to be foster parents.

McDonald et al. (1991) also reported a significant difference in the experience of parents in relation to adoption disruption. They reported that, of 46 families who disrupted, only 26% had previously adopted children; of the 121 families who did not disrupt, 49% of families had previously adopted children. The authors did not report the statistical analysis used. It is also important to note that there was a large difference in the sample size of disrupted ( $n = 64$ ) versus nondisrupted ( $n = 148$ ) families.

Foster parent experience has been studied specifically in only one study and mentioned briefly as a factor in two others. Unger et al. (1988) interviewed 56 families who adopted special needs children. Most (89%) of these parents had been foster parents before the adoption, and 80% had been foster parents to the child they had adopted. In

addition, 71% of the families had prior experience with a physical or mental handicapping condition. It is also important to note that eight of the parents had become foster parents in order to try to adopt a particular child. The researchers emphasized the role of forming a relationship with a child as a factor in parents' decisions to adopt a special needs child. Although based on a small sample, this is one of the few studies of the effect of foster parent experience in any capacity.

Egbert and Lamont (2004) examined factors related to parents' perceived level of preparation for their special needs adoptions, and the authors mentioned that parents who reported having other experience as foster or biological parents also reported being very prepared on a survey for the quantitative portion of this study. In their qualitative study of 12 families who had adopted older children, Clark et al. (2006) compared adoptive families who became foster parents only to adopt (referred to as "adoption only families") and foster families who fostered for other reasons and then decided to adopt a specific foster child (referred to as "foster families"). The researchers reported that the adoption only group described less flexible family boundaries defined as "family boundary permeability" than the foster group. This may have made it more difficult for the adoption only families the adopted child into their family system. However, in a study of 101 families, Marx (1990) summarized a "profile" of parents who adopt developmentally or physically handicapped children and found little difference between foster family adoptions as compared to non-foster adoptions.

Social supports and foster parenting has been investigated in one study (Rosenthal et al., 1996). Rosenthal et al. examined use, helpfulness, and need for 35 services,

comparing results for families who had been foster parents of the adopted child with those who had not. According to the tables provided by the authors listing the number of parents who reported *receiving* services, foster parents appeared to receive more care in the home and more day care, financial supports, psychiatric or psychological services, and medical services than the comparison groups.

### **Social Supports and Family Outcomes**

Families that adopt older children with a history of abuse, neglect, and multiple caretakers face a challenging task of integrating that child into the family (Hoyle, 1995). These children enter their new family with emotional and/or behavioral difficulties that can be very challenging for the entire family (Mullin & Johnson, 1999). Learning disabilities, prior history of sexual abuse, and prior group home or psychiatric placements are all negatively associated with outcome in special needs adoptive families. Most special needs children are older, and there is some evidence that as the age of the adopted child increases at the time of adoption, adoption impact is reported as being less positive by parents (Rosenthal & Groze, 1990). Indeed, adoption of older children has been associated with lower family functioning (Leung & Erich, 2002). Conversely, higher family functioning has been associated with families that adopt children with fewer behavior problems, and lower family functioning has been associated with families who adopt children as a sibling group (Leung & Erich, 2002). This would imply that the more challenging the child(ren), the more difficult the task for the family.

Adoption is a life-long process for adoptees and their families, and involved families and children may need support for a time beyond the event of placement of the



adopted child (Rosenthal et al., 1996). Despite this fact, post-adoption services are only minimally available to many adoptive families (Brooks et al., 2002). In addition, limited literature exists about the effectiveness of post-adoption services (Barth & Miller, 2000) or the relationship between family functioning and support services.

### ***Family Outcome Research***

Some researchers have investigated special needs adoptive families with the aim of understanding what factors contribute to positive outcomes in these families. McGlone et al. (2002) studied psychological stress in parents of special needs adopted children. Parents of 35 special needs children participated in the study, with parents of 15 children taking part in a one-year follow-up assessment, completing in-depth interviews and a standardized measure of parenting stress. Of the 35 children in the original study, half had some type of chronic health problems or developmental delays, and over half demonstrated significant behavior problems (these categories were not mutually exclusive). McGlone et al. found elevated stress levels in parents both at the initial assessment and at the follow-up, including stress related to characteristics of the child, interactions with the child, family adjustment and cohesion, adjustment to being an adoptive parent, and the service system. Some parents' expressed feelings that the placements were hurried, and some parents reported that placement professionals made decisions with which the parents did not agree. Unfortunately, details about the types of decisions referred to were not included in the article. In addition, parents indicated they did not receive enough information about their child. Although this sample was small, it is an important conclusion of this study that the parents reported elevated stress levels

over the year of the study, and concerns about services were included in association with this elevated stress level.

The challenges special needs children bring to their families and subsequent supposed difficulties in adjustment has been explained by the adoptive parents' sense of entitlement, defined as the parents' belief that they have the right to parent the adopted child (Cohen, Coyne, & Duvall, 1996). Entitlement appears to be assumed to be present in biological families, but must be developed in adoptive families. In order to study this phenomena, Cohen et al. (1996) compared adoptive families and nonadoptive families in both clinical (i.e., those seeking services in a mental health center) and nonclinical samples. Their sample included 29 nonrelative adoptive families referred to mental health services after adoption, 45 nonrelative adopted families not referred for clinical services, 27 nonadoptive families receiving mental health services, and 35 nonadoptive families not receiving services. Using a questionnaire the authors developed to measure entitlement and standardized measures of parent, marriage, and family functioning, these researchers found that adoptive families and nonadoptive families seeking clinical services were more similar than different. Overall, the biggest differences were found between clinical and nonclinical groups, whether adoptive or nonadoptive. Results suggested that entitlement may be a factor in families who are having difficulties, whether their ties are biological or legal. The authors cautioned that it is misleading to assume that adoptive families are unique in constructs only studied in this population. They urged researchers to use a contextual approach (i.e., looking at the relationship

between entitlement and variables in family functioning) in future studies concerning entitlement or any other construct in families.

In a longitudinal study examining the functioning of families [in Great Britain] over a year, Rushton et al. (2000) examined the first year of placement for 61 older children (between the ages of five and nine) adopted by unrelated families. Thirty-nine of these children were placed singly, and 21 were placed with a biological sibling. The majority had experienced some type of abuse and/or neglect as well as lack of continuity in their lives. Interviews with the parents took place at one month, six months, and one year after placement. The interviews were semi-structured and included questions regarding family relationships, school experiences, friendships, family activities, and a standardized measure of the adopted child's psychosocial functioning. The dependent variables included stability of the placement at one year and the change (or lack thereof) in the adopted child's emotional and behavioral problems. After one year, the researchers found that children having greater behavioral difficulties were associated with placements that were characterized as "less stable," defined by the authors as placements where parents reported low satisfaction and where the parents and the child showed little evidence of forming a good relationship. Regardless of the child's behavioral difficulties, parents' ability to form a relationship with the child as reported by the parents was an important indicator of success, and parents' difficulties with warmth and sensitivity towards the child were associated with negative outcomes. In addition, the greater the degree of difficulty in maintaining warmth and sensitivity with the child in the first month of placement, the greater the likelihood that placement was classified as less stable at the

one year mark. The authors recommended that pre-placement work with parents should include strategies for managing feelings related to a child's possible difficulties in forming relationships, and post-placement support should assist with behavior management strategies in the context of the family relationships.

Erich and Leung (2002) researched outcomes in special needs adoptive families related to type(s) of abuse in the adopted child(ren)'s background(s) and whether the child(ren) was adopted as part of a sibling group. Family functioning was measured using a subscale called Family Health adapted from the Self-Report Family Functioning scale and completed by one of the adoptive parents in each family. Erich and Leung reported that parents of children who had been sexually abused and who had been adopted singly had significantly lower reports of family functioning. Regarding those children adopted as part of a sibling group, these researchers found that adoptive parents had significantly lower reports of family functioning if the siblings had been both physically and sexually abused. In addition, parents of siblings groups indicated lower levels of family functioning than parents who adopted a single child, even though the children adopted as part of a group had lower scores on a standardized measure of behavior problems. The authors suggested that more children adopted together means more demands on family resources, even if each child in the sibling group is evidencing less difficulty.

Another way of examining family outcomes is to investigate the differences between special needs adoptive families that disrupt and families who do not. Westhues and Cohen (1990) surveyed 58 families in Canada who had adopted 79 children. Data were gathered on the functioning of the family before the child was placed using the

Family Assessment Measure, and data regarding placement stability were gathered one year after placement. Families who had sustained the adoption at one year were more likely to have parents who had been married longer and who were able to demonstrate flexibility in solving problems together. In addition, they tended to have fathers who were more nurturing and more involved with the family. Parents who headed families with sustained adoptions were more likely to be relaxed about family accomplishments, so that these parents may have been able to relax expectations regarding the adopted child's achievements. Caution should be utilized in interpreting these results since the population of disrupting families ( $n = 7$ ) was much smaller than the population of sustaining families ( $n = 51$ ).

Glidden et al. (1988) examined outcomes in families who had adopted children specifically with mental retardation; length of time the children had been adopted was not specified. A semi-structured interview with 42 mothers in Great Britain, either alone or with fathers, probed for adoption motivation, family background, and impact of the adopted child on family functioning. Overall, mothers reported a very positive impact of adoption on the family, with only 5% of adoptions reported by mothers as having a negative impact on the family. Results from a 10-item questionnaire that assessed change in the family after the child was placed, indicated that the changes overall had been positive. Mothers also filled out a standardized measure called the Questionnaire on Resources and Stress that included 15 scales related to parent functioning, family functioning, and child functioning specifically in families caring for family members with handicaps. These families' scores were compared to norms that included families with

developmentally disabled children. Of the 15 subscales, adopted children scored significantly lower in 11 of them than the general overall norming sample for the Questionnaire on Resources and Stress. This implies more successful functioning for the families interviewed for this study. Questioning that probed specifically for changes in family adjustment led to further positive reports from the mothers of these adopted children. For example, 62% of the mothers indicated that they had become “better people” since the adoption. The positive impact from the mothers’ points of view did not stop with positive impacts on them. They also indicated that their other children had become more flexible since the adoption (54%), were happier (54%), and were “better people” (52%) since the placement. Only two mothers in the sample communicated that they would not go through with the adoption again if given the choice. The results of this study contrast, to some extent, with the results of studies reported earlier in this section; those earlier studies, however, investigated outcomes for families adopting a child with a history of abuse and/or neglect rather than mental retardation. These differences could be explained by the differences in the type of special need(s). For example, families have reported positive community responses to their decisions to adopt developmentally disabled children, which could contribute to the families’ overall sense of well-being in relation to the adoption itself (Glidden, 1990).

Glidden (1990) further analyzed the data from Glidden et al. (1988). She found that the surveyed families ( $n = 42$ ) indicated more successful functioning than the norming sample. Significant differences were found in only two scales for mothers or fathers. Mothers reported more often that the child was very demanding on their time,

and fathers reported more often having negative attitudes towards the child. Overall, however, these families were doing very well—better, in fact, than the means for the norming sample of developmentally disabled children used for the Questionnaire on Resources and Stress. A three-year follow-up was also discussed in this article. Thirty-one families with 44 children took part in the follow-up study. Only five of the children from the original study were no longer living with their adoptive families. In addition, families had adopted or were fostering 11 more children with handicapping conditions since the first study. Families continued to report doing very well; patterns of scores on the Holroyd Questionnaire on Resources and Stress were very close to the scores in the original study. Families continued to evidence good adjustment three years after the original study.

### ***Family and Child Outcomes and Social Supports***

Researchers in some studies regarding special needs adoptive families have gathered data about both social supports and family outcomes, but typically have not tested for any relationships between the two variables. Groze (1996a), in a one-year longitudinal study of 133 families, found that service involvement in four types of services (i.e., individual counseling, family counseling, contact with other special needs families, and support groups for parents), increased from year one to year two while the adopted children's involvement in special education remained about the same. Groze did not provide information about the actual special needs of his sample. Parent-child relationships and parents' perceptions of the smoothness of the adoption experience were measured by questionnaires, and family functioning was measured using the Family

Adaptability and Cohesion Evaluation Scale. Quality of relationships between parents and children decreased slightly over time, although they remained quite positive. One-fifth of the families reported adoption impact had become more negative over time, and the majority of the sample of parents reported significantly less family cohesion and adaptability over time. These families reported need for more access to services offered by service providers who were appropriately trained, defined as those who recognized that there are issues unique to these adoptive families (Groze, 1996a).

Groze (1996b) continued with a follow-up of these families into the fourth year. Seventy-one families participated in this final year of the study, and a number of outcome variables were included in this survey. Families were asked all four years about the smoothness of the adoption and asked in the last year how often they thought of ending the placement, whether they would adopt again, and whether they would recommend adoption to others. Families remained quite positive about the adoption over time, but there were some downward trends in their responses. There was an increase from 30% in the first year to 42% in the fourth year regarding “more ups and downs than they expected” (Groze, 1996b, p. 41); there was also a decrease in the report of positive adoption impact from 78% to 69%. Although most families (90%) had not considered ending the placement and would consider adopting again, and over 60% would recommend adoption to others, 40% agreed mildly to strongly that they would not make this recommendation. Discriminant analysis further supported the above results. A regression analysis was conducted to further explore changes in child behavior, changes in family functioning, changes in family income, age at time of placement, length of time



in the home, age of child during the fourth year, and gender of the child. Groze did discuss differentiating between type of special needs in the adopted children in these analyses. However, this was attended to in the following short statements: “Adoption outcomes over time were examined by the different special needs of the children. However, neither physical disabilities nor mental retardation affects adoption outcomes over time” (p. 43). No other results were provided regarding these analyses.

McDonald et al. (2001) sought to understand what family characteristics contribute to adjustment in adoptive families. Although a list of 33 social supports was included in the study, they were not used as variables in the analyses regarding family outcomes. McDonald et al. (2001) surveyed 159 families who had children placed in their homes 18 to 24 months prior to the study. These children included those with emotional/behavioral special needs (e.g., learning disability, behavioral problems) and those with physical/developmental needs (e.g., medical condition, mental retardation). The survey included measures of child characteristics, parent characteristics, and family characteristics. In a combined regression equation investigating all factors studied except the social support scale, placement outcomes were measured using a combination of reported placement stability (child living in home), stress of caring for child (a series of questions in a Likert-scale format), discrepancy between caregiving expectations and actual experience (one question in a Likert scale), adopted child’s positive contribution to the family (Positive Contribution Scale), and satisfaction with the process of adoption (13-item Likert scale). The number of special needs of the child was strongly and negatively correlated with adjustment in the family. Being married for adoptive parents

was significantly positively correlated with placement adjustment. More adopted children in the home was positively correlated with placement adjustment, although having more children overall was negatively correlated with placement adjustment. Higher family income was negatively correlated to family adjustment. McDonald et al. did not differentiate effects based on the type of special needs the children had. Although the majority of the parents expressed satisfaction with the adoption experience, many expressed dissatisfaction with the availability of and access to various resources.

Forbes and Dziegielewski (2003) surveyed mothers who had sought counseling services due to issues related to rearing an adopted special needs child. They explored issues related to mothering these children. Results from the 14 surveys highlighted common issues these mothers were experiencing related to their adopted child such as difficulties accessing services. The adopted children of these mothers were between newborn and 9 years of age at the time of their placement in the adoptive home. Two children were adopted internationally, and the rest domestically. The study also highlighted the importance of support for these mothers. The survey consisted of a questionnaire of Likert scale items, and then these statements were grouped according to issues the authors wanted to explore. Mothers reported struggles on many factors, including difficulties in accessing appropriately trained professionals (e.g., social workers, therapists), mental and physical health issues of the mother since the child was placed in their homes, lack of immediate and extended family support, financial constraints, and very challenging child behaviors to manage. Regarding services and support, 86% of the mothers reported that professionals were lacking in knowledge about

adoption; 71% expressed this about their social workers and 79% expressed great difficulties in finding a qualified therapist. In addition, 79% expressed feelings of isolation and lack of support from family and friends, and 64% expressed concerns about high expenses related to their child, much of it coming from paying for therapy themselves. The authors concluded that these families needed financial support for post-adoption services such as respite, therapy, and organized groups with other parents of adopted children.

Wright and Flynn (2005) conducted 91 interviews, 54 with parents and 37 with adolescents, with the intent to explore factors that related to the successful adoption (defined as intact adoption) of adolescents. Technically, adolescents are considered “special needs” simply because of the difficulty of placing them in permanent homes. The authors summarized their findings in terms of how the parents and adolescents described successful adoption, challenges, and the factors they contributed to their success. Most salient to this study were the aspects of support that parents discussed in relationship to the adoption success. Parents mentioned the positive effect of counseling and training. Advice from these parents for other parents included becoming involved in support groups or with another family for mentoring; in addition, the importance of good information was emphasized. Challenges to the success of the adoption included legal issues such as interactions with lawyers, the difficulties involved in terminating their adopted children’s biological parents’ rights, and financial struggles. Although the authors did not statistically analyze this data, it is notable that parents of successful

adolescent adoptions discussed supports as contributing to or detracting from keeping an adoption intact in an interview situation where questions were open-ended and general.

Marx (1990) attempted to create a “picture” of families who adopt children who are developmentally and/or physically handicapped. Families in this study were part of a state-wide project to place disabled children in permanent homes. Only one adoption dissolved of the 101 placements included in this study. Placement time and the time since permanent adoption varied among the participants. The study included a demographic questionnaire completed in writing, a telephone interview of one parent by the adoption case worker, and in-depth interviews of 20 of the families with an effort to include a demographically diverse sample. The interviews included both parents in two-parent households, when possible, and the adopted child(ren) if possible. The author summarized a “profile” of parents who adopt these children. Parents tended to be in their early 40s, two-parent families, had biological children before the adoption, had low-middle incomes, owned their own homes, had mothers who stayed at home full-time, had social lives that revolved around family and church, and they characterized themselves as having a lot of energy. Reasons for adopting included wanting to keep children out of institutions, family-of-origin experiences, strong religious beliefs, and experience with disability (such as a job experience or family experience with a disabled person). These parents also reported strong sibling acceptance of the child and a sense of satisfaction in seeing their adopted child develop over time. It is important to note that these families overall (90%) reported two main concerns: getting the appropriate assistance and fears about their child’s future. Despite these families’ obvious strengths and ability to

advocate, both of their main concerns revolved around being able to access support for their child(ren)'s present and future. In fact, the most frequent noted dissatisfaction of parents (21 families out of 98) was the slowness of completion of paperwork by agencies for accessing services.

### ***Outcomes as Related to Social Supports***

A few researchers have attempted to understand how various factors, including social supports, contribute to functioning of special needs adoptive families. Nelson (1985) used a series of multiple regressions to predict factors related to parental satisfaction. All results were derived through an in-person interview, the origins of which were not explained by the researcher. Of the predictor variables related to parents' satisfaction, eleven were highlighted by the researcher because they accounted for 42% of the variation. The ones related to social supports included agency preparation, not including information about the child ( $r = .31$ ), amount of time each year that parents go to church ( $r = .21$ ), background information about the child ( $r = .26$ ), number of services received by family ( $r = -.33$ ), number of services needed but not had ( $r = -.19$ ), and belonging to a parent group ( $r = .04$ ). In addition, Nelson studied factors related to the few families who experienced adoption dissolution. There were only a few included in this sample ( $n = 5$ ), but of these five families, inadequate background information was reported in four and lack of preparation by the agency was reported in all five. In addition, the use of a larger number of professional services (greater than three) was reported by four of the families. Services needed but not had were reported in three of the families, and parents not belonging to a parent group were reported in all five.

Another study of the relationship between social supports and family outcomes was conducted by Erich and Leung (1998), who surveyed 28 special needs adoptive families and 69 children regarding their functioning as a family. The social supports studied included individual therapy, family therapy, group therapy, group education, respite services, inpatient services, and special education services. Erich and Leung found that the majority of the families were doing quite well, scoring moderate to high on indicators of positive family functioning, measured by an adaptation of the Self-Report Family Functioning Scale. More children in the home at the time of the survey ( $r = .50$ ) and higher frequency of maternal participation in religious activities ( $r = .29$ ) were positively correlated with family functioning. Maternal earned income ( $r = -.45$ ) and paternal educational level ( $r = -.30$ ) were negatively correlated with family functioning. The researchers hypothesized that siblings in the home may serve as role models and support for the adopted children, religious participation may act as a source of spiritual and social support for the parents, and lower levels of outside educational and vocational responsibilities may mean that parents are able to spend more time at home. There was no categorization based on the types of special needs the children may have had or the parents' previous experience with special needs children. A step-wise regression of selected variables found that four variables accounted for 65% of the variance in family functioning. Families with more children in the home, those who did not participate in family counseling, those who took part in religious functions, and families with less educated fathers reported higher levels of family functioning. The authors hypothesized that the association between involvement in family therapy and lower family functioning

scores could be explained by the children having greater difficulties rather than implying that the families simply were not coping well through some fault of their own.

Rosenthal and Groze (1990) investigated outcomes in relation to adoption impact for 799 special needs families, including the relevance of some support variables to family outcome. Percentages of adopted children scoring in the clinical range on the Child Behavior Checklist for ages 6-16 were much greater than percentages in the nonclinical comparative sample. Scores on the Family Adaptability and Cohesion Scales III, however, did not indicate differing family dysfunction from the normative families. A five-item scale assessing parent-child relationships evidenced good relationships between parents and children. A one-item scale measured the impact of adoption; 75% of parents reported being satisfied. Multiple regression analyses demonstrated that child's age at entry into the home was associated with adoption impact ( $\beta = -.13$ ). The older the child, the less positively impact was reported by parents. Parent-child relationships ( $\beta = .69$ ), child's school enjoyment ( $\beta = .33$ ), family cohesion ( $\beta = .42$ ), and adoption by single parents ( $\beta = .09$ ) were significant predictors of positive impact. Regarding support variables, the amount of background information given to parents about the child ( $\beta = .19$ ), the accuracy of this information ( $\beta = .15$ ), the overall helpfulness of services from the social worker involved ( $\beta = .16$ ), approval of respondent's family ( $\beta = .35$ ), approval of spouse's family ( $\beta = .30$ ), and support from friends ( $\beta = .28$ ) were all significant predictors of positive impact. Income level of the family ( $\beta = -.14$ ), educational level of parents ( $\beta = -.11$ ), and biological children in the home ( $\beta = -.08$ ) were significant predictors of negative impact. Only two types of special needs of the child were tested in

the regression. These were handicap and learning disability. Of the two, only learning disability was found to be significantly related to family impact ( $\beta = -.10$ ). It is important to note that impact of adoption was measured by the use of only one question.

In additional analysis of the data from Rosenthal and Groze (1990), Groze and Rosenthal (1991) reported further results. They compared the results of the study to the Family Adaptability and Cohesion Scales III's normative results of "nonproblem" families and found that the special needs adoptive families demonstrated slightly higher levels of cohesion and higher levels of adaptability than the comparison norms. In addition, they investigated variables that contributed to the "smoothness" of the adoption process related to parental expectations. Not only was current family cohesion ( $\beta = .08$ ) found to be a significant predictor of smoothness, but the amount ( $\beta = .22$ ) and accuracy ( $\beta = .10$ ) of background information about the child given to the parents, and support from relatives ( $\beta = .20$ ) and friends ( $\beta = .10$ ) also were found to be significant predictors of smoothness in the adoption process. Although the researchers investigated a limited number of social supports as related to "smoothness," they provided one of the few indicators of the importance of these variables for family process.

Rosenthal and Groze (1991) studied outcomes for a subgroup of the 799 families, composed of 163 adoptees with vision impairments, hearing impairments, physical impairments, mental retardation, or a serious medical condition. The primary outcome measure used was the quality of the relationship between parent and child, measured by a five item scale. Overall, 75% of the parents reported that family impact had been mostly positive or very positive. In addition, the majority of parents reported positive parent-



child relationships. Correlations between selected characteristics and the parent-child relationship evidenced that younger age of child at entry into home, younger age of child at time of survey, minority or biracial status of one adoptive parent, lower income, and lower education of the adopted mother (not having graduated from college) were significantly correlated with good parent-child relationships. In addition, parents' report of the accuracy of background information about the child was an important predictor of parents' opinions about the effect of adoption ( $r = .34$ ). Although other social supports were surveyed in this study, only parents' perception of the accuracy of background information was related to an outcome.

Another analysis of the Rosenthal and Groze (1990) data involved selected variables using multiple regression as related to family impact, which was assessed using only one question. Rosenthal and Groze (1992) found that approval of the respondent's family ( $\beta = .20$ ) and amount of background information shared with parents ( $\beta = .09$ ) were significantly and positively related to family impact. Services such as individual therapy ( $\beta = -.24$ ), family therapy ( $\beta = -.21$ ), and taking part in support groups ( $\beta = -.10$ ) were related negatively to family impact.

Leung and Erich (2002) studied the relationship between service involvement and family functioning by looking at the relationship between parents' perceptions of helpfulness of family support and their perceptions of family functioning in relation to child behavior problems. Family support was measured using a modified version of the Family Support Scale. Family functioning was measured using a modified subscale called Family Health of the Self-Report Family Functioning Scale. In addition, the intensity

scale of the Eyeberg Child Behavior Inventory was used to assess child behavior problems. The authors surveyed a convenience sample of parents of 119 special needs adopted children, including those with emotional/behavioral difficulties and those with physical/developmental difficulties. The authors found that support from spouse or partner ( $r = .29$ ), other parents of adopted children ( $r = .33$ ), family or child's physician ( $r = .40$ ), or a day care center ( $r = .21$ ) were positively associated with higher family functioning. In contrast, support from relatives ( $r = -.21$ ), school ( $r = -.24$ ), or professional helpers ( $r = -.35$ ) had a negative relationship with family functioning. A stepwise regression found seven variables accounted for over 68% of the variance in the family functioning score. These were sibling adoption (lower family functioning), child behavior problems (fewer related to higher family functioning), legal contacts for children such as trouble with police (more related to lower functioning), partner/spouse support of parents (more related to greater functioning), support from relatives (greater support related to lower functioning), age of children (lower related to lower functioning), and school support (more support related to lower functioning). These seven variables were related to family functioning. Parents who had greater support from spouse/partners are more likely to report higher family functioning. Parents who had greater support from relatives, and parents who had greater support from school were more likely to report lower family functioning. Leung and Erich suggested that the negative relationships between such support as the school and relatives with family functioning might reflect families who turned to these resources when children were having more behavior problems.

Sar (2000) looked at family and child functioning in relation to adoption preparation tasks, which included a variety of supports related to preparation. Mothers ( $n=86$ ) described and rated their engagement in adoption preparation tasks, and their preparedness for adoption and satisfaction with their life, family life, and relationship with the adopted child. Families had adopted children with a wide variety of special needs including emotional/behavioral difficulties and physical/developmental difficulties. All adoptions had been legally finalized, but time since placement was not reported. In addition, mothers completed the Kansas Marital Satisfaction Scale, the Parental Stress Scale, the Cohesion subscale of the Family Adaptability and Cohesion Scales III, and the Eyberg Child Behavior Inventory. On a range of 1 to 5, mothers reported an average score on preparedness of 3.78. On average, they also reported being more satisfied than dissatisfied with life, family life, and relationship with the adopted child. Comparing results from the standardized instruments to scale norms, mothers reported greater incidence of difficult behaviors in the adopted children, reported the behavior as more difficult for them, and indicated lower family cohesiveness, even though they reported greater overall marital satisfaction.

Sar (2000) grouped the adoption preparation tasks into five categories and related them to the family and child outcome measures. Tasks regarding learning about the child were significantly and positively associated with marital satisfaction ( $r = .28$ ) and family cohesion scores ( $r = .23$ ). Tasks in relation to impact on the family (e.g., “discussed changes that would take part in the family,” p. 76) were positively related to marital satisfaction ( $r = .25$ ). Strategies for coping with special needs of the adopted child (e. g.,

counseling for child, family counseling, parent support group) were found to be negatively related to the relationship to the child ( $r = -.39$ ), and positively associated with parenting stress ( $r = .39$ ), the intensity of behavior problems in the child ( $r = .41$ ), and the degree to which the child's behavior problems were problems for the parents ( $r = .38$ ). Tasks related to disruption prevention (e.g., discussed prevention of disruption with agency and partner) were positively associated with family cohesion ( $r = .24$ ) and intensity of problem behaviors ( $r = .27$ ). Tasks related to learning about adoption by the parents and the adoption process itself did not correlate with any of the family or child outcome measures.

Egbert and Lamont (2004) examined factors related to parents' preparation for special needs adoption for 368 adoptive families of special needs children. They examined parents' perceived preparedness in relationship to support from and relationship to the Division of Child and Family Services (DCFS) in a western state. Support from DCFS before the adoption ( $r = .24$ ), support from DCFS after the adoption ( $r = .28$ ), and overall relationship with DCFS ( $r = .34$ ) were all significantly and positively associated with perceived level of preparedness. In addition, 20% of the variance related to parents' reports of difficulties in attaching to their adopted children was found to be related to preparation factors. A qualitative analysis indicated that parents who rated themselves as very prepared expressed they had adequate levels of training and information. Lower levels of preparation were related to less support and information from DCFS, as reported by the parents.

In contrast, Reilly and Platz (2003), in their study of 249 special needs adoptive families, found no significant relationships between parents' difficulties in obtaining adoption services or the amount of background information given with the parents and parents' satisfaction, the quality of the relationship between child and parent, or the impact of the adoption on the family and/or the marital relationship.

However, in a more in-depth analysis of the same population, Reilly and Platz (2004) did find significant relationships between services and outcomes in the family. The authors collapsed the 35-question services survey (Needs and Satisfaction with Services Inventory; Rosenthal et al., 1995) into seven subscales: medical services, counseling services, financial services, informal supports, support in the home, support out of the home, and 'other.' They related these six scales to outcomes including parents' reported satisfaction with the adoption (as measured by a 10-item subscale adapted from the Parent-Child Relationship Inventory), quality of the parent-child relationship (as measured by a five-item Likert scale adapted from Rosenthal and Groze (1992)), and the experience of families overall and on marriages (as measured by an item list developed by the authors and based on a three-point scale).

Parental satisfaction was found to be higher when the family received informal support services, financial support services, and "other" support services. The quality of the parent-child relationship was found to be lower when there were unmet counseling and in-home services needs. The impact on the family was more positive when there were no unmet needs in any of the six subscales. The impact on the parents' marriage

was found to be more positive when there were no unmet counseling needs, informal support needs, financial services needs, or “other” needs.

In a study investigating factors related to adoption disruption or dissolution, Rosenthal et al. (1988) studied the impact of social supports (among other variables) on success of special needs adoptive placements. Special needs of the adopted children encompassed both emotional/behavioral and cognitive special needs. Older age at time of adoption, gender of the child, more emotional disabilities, higher income of parents, and higher educational level of parents were found more often in the 27 children who had sustained one or more disruptions or dissolutions than in the matched sample of adopted children whose adoptions were intact at the point of the study. In contrast, older parents, minority parents, and mothers who had larger numbers of birth children, and who were from larger families themselves, were more likely to sustain successful adoptions. The variables most highly associated with adoption outcome were labeled as “social functioning” variables by the researchers. The marital relationship and the capability to cope with problematic behaviors in the child (e.g., emotional nonresponsiveness, acting-out behavior, and withdrawn behavior) showed strong correlations to successful adoptive outcome. Foster parent placement and sibling placement were positively associated with success. Participation of adoptive parent(s) and the adoptive child in individual, marital, family, and group therapy was negatively correlated with family success; however, the authors contended that this result was a reflection of the fact that families with greater struggles received more services rather than a negative influence of therapy per se.

In another study regarding disruption, McDonald et al. (1991) surveyed parents with a questionnaire created by the authors. They investigated 212 children whose adoptions had ended in disruption or dissolution to investigate what child, family, and/or agency factors contributed to the ending of an adoption placement. Children in the sample included those with emotional/behavior difficulties as well as physical difficulties. Although the researchers found that child factors (i.e., age, history of abuse, handicap and problem behaviors) contributed the most to disruptions or dissolutions, they also found that certain services (e.g., group sessions with current caretaker and tutoring) were negatively associated with disruption or dissolution. They reported that medical care and the number of services received were positively associated with disruption/dissolution, which the researchers attributed to a reflection of the children's need level. They also pointed out that the level of service may have been inadequate to help families in crisis, and that post-placement services were particularly unhelpful, as 58% of the parents reported that the agencies were not aware of the problems in the family until two months or less before disruption occurred.

These studies illustrate the difficulty of investigating simple relationships between social supports and outcomes. Leung and Erich (2002) suggested that the negative relationships between such support as the school and relatives with family functioning might reflect that families turn to these resources when children are having more behavior problems. In addition, outcomes were defined in a wide variety of ways, including disruption and dissolution as outcome (e.g., McDonald et al., 1991), standardized measures of family outcomes (e.g., Sar, 2000), and the quality of the

relationship between parent and child (e.g., Rosenthal & Groze, 1991), among others. Also, measures of social supports varied from one question in a survey (e.g., Bird, Peterson, & Miller, 2002) to a long list of a variety of social supports (e.g., Rosenthal et al., 1996). Therefore, it is very difficult, if not impossible, to ascertain a one-to-one relationship between particular social supports and family outcomes. It is not surprising that results in the existing literature are mixed.

### **The Social Context of Adoption**

Researchers studying adoption have indicated that the predominant symbol of kinship in this society is blood relationship (Lebner, 2000; Leon, 2002; Miall, 1987). Therefore, “adoption is commonly viewed through the lens of loss” (Leon, 2002, p. 652). These views are being questioned by some. Leon (2002), for example, stated that losses in adoption “. . . may be less an inevitable, natural outcome of adoption than a particular path influenced by the manner in which parenthood and kinship are defined and how adoption is practiced in the United States” (p. 652). Procreation is really biological, while parenthood and kinship are psychosocially constructed (Leon, 2002). Such views, however, are not yet predominate in the general population. Not surprisingly, then, researchers have found some evidence of stigma in relation to being adopted or being part of an adoptive family.

### ***Societal Beliefs***

“Adoption occurs in all societies. Yet the form of the adoption process differs according to society’s structural constraints and the expressed needs of that society’s members” (March, 1995, p. 653). March (1995) investigated adoptees’ desire to make



contact with birth mothers in the context of societal stigma of adoption in Canada. She did not provide information about whether any of these adults were classified as special needs children. She found the adoptees expressed a sense of feeling different because of being adopted, and she related that to a need for blood ties and a desire for reunion with birth mothers. The 60 adult adoptees who had contacted birth mothers prior to this research expressed a difference in their own experience and others' beliefs about adoption. These differences included the concept of being loved just as much by adoptive parents and mistaken beliefs about circumstances that lead to adoption. Some noted stigmatization by family members as well.

Miall (1996) also conducted a community survey of 150 respondents in a Canadian community. She reported that community attitudes supported the idea of adoptive families as a legitimate family form. Respondents described similarities in parenting, maternal and paternal feelings, and potential outcomes for the child in biological and adoptive families. Respondents also emphasized the effectiveness of families and the well-being of the children regardless of how the family was formed (Miall, 1998). Adoption by couples without fertility difficulties for altruistic reasons may be perceived positively (Miall, 1987). Survey respondents also voiced preferences for reproductive technologies without donors over adoption for childless couples, however, and expressed support for a biological mother rearing a child over releasing that child for adoption (Miall, 1996). In addition, in one study regarding views of adoption, respondents saw the desire for motherhood as innate and that for fatherhood as learned, and emphasized the importance of biological heredity for intelligence and personality

(Miall, 1998). Therefore, although adoptive families are perceived as legitimate, there also appears to be some evidence that families formed in this way may be seen as less than ideal.

In a literature review of the social stigma of adoption, Wegar (2000) indicated that adoptive families do report experiencing stigma in their everyday lives, and stigmatization and blaming of the family within the adoption community may keep adoptive parents from seeking help when needed through the use of adoption support. It may be that although individuals interviewed express approval of adoptive families (Miall, 1996), the experience of these families, when asked, is different.

Popular culture and media images of adoption tend to be framed in negative terms (Wegar, 2000). For example, due to the perpetuating belief that families should be formed through biological relationship, cultural preoccupation with biomedical technologies may reflect a stigma against families formed in other ways. Genetic technologies are now being used widely, and the media pays attention to these innovations. Lebner (2000) extensively interviewed 28 parents in international adoptive families. It is common for there to be little information about the birth family available to parents who adopt internationally. The parents in this study expressed concern about lack of knowledge about the biological background of the child and the inability to give medical help if ever needed. They appeared to take it for granted that knowledge about genetic history was important to know to maintain one's health.

### ***Research and Practice***

Stigma regarding adoption also has been perpetuated by researchers, although likely unintentionally. Researchers conducting adoption studies have focused on clinical issues and problems found in adopted children and adoptive families (Wegar, 2000). In fact, most adoption studies have been conducted with the purpose of investigating mental health difficulties of adoptees (Wegar, 2000). Therefore, “when researchers frame their research questions from a deficiency perspective, they (quite logically) find deficiencies in adoptive families” (Borders, Black, & Pasley, 1998, p. 240). Researchers also have neglected the factors of societal emphasis on blood relationship and stigmatization of adoption families, thus failing to provide a comprehensive understanding of these families. These children and these families function within a larger social context that influences them and is influenced by them. This context affects not only their functioning, but also their views of themselves as individuals and as a family (Wegar, 2000). Researchers need to normalize developmental issues for adoptive families (Miall, 1996).

Miall and March (2005) surveyed 706 randomly selected Canadian adults to assess community attitudes towards various types of parents who might adopt, including single-parent adoption and gay and lesbian parent adoption. They also included questions related to open adoption, birth reunions, confidentiality in adoption, and the release of information to adoptees who were adults and their birth parents. As adoption as a process has evolved, these issues also have evolved. Miall and March found support for single-parent adoption, gay and lesbian parent adoption, open adoption, and reunions between

birth parents and adult adopted children. The authors pointed out that even though there is evidence in their study and other studies that community attitudes are changing to reflect the changes in adoption, the practice of adoption has not kept pace with community attitudes. They advocated for public input to be taken into account with expertise to develop adoption policy and practice, not just input from the “experts” in the subject.

The documentation of general social values around the family, given the changes that both traditional and adoptive families are experiencing, provides a useful counterbalance to professional agendas and ideological positions, whatever their goals, informing debates on these issues. As the social context changes, and previously stigmatized attributes lose their power to wound, practitioners should attend to the cultural “lag” their policies and practices may represent, to the detriment of the children in their care. (p. 91)

There exists evidence from the above research that bias still exists regarding adoptive families in research, *in policy and practice*, and in the greater society. It follows that these pervasive attitudes will affect not only special needs adoptive families themselves, but also will interact with the need, the availability, the use, and the helpfulness of various supports for these families.

### **Bronfenbrenner’s Ecological Theory**

Due to the wide variety in types of social supports, a theoretical framework is needed to help the researcher conceptualize the study of social supports in special needs adoptive families. Theoretical models used to conceptualize adoptive families in the literature focus on the difficulties of adoptees instead of focusing on the needs of the adoptive family within its own context (Wegar, 2000). In contrast, an ecological

perspective recognizes the role of the environment in the development of families. An ecological perspective recognizes that the family is a complex system that interacts with other complex systems (Groze, 1996b).

Urie Bronfenbrenner (1988, 1989) believed that human development must be studied within a broader context that includes both person and environment. The origin of his beliefs came from Lewinian field theory which Bronfenbrenner altered to include the dimension of time (t) in the study of human development (Bronfenbrenner, 1988, 1989). As his theory developed, Bronfenbrenner further elaborated that the study of development was referring to the outcome of development at a specific point in time (Bronfenbrenner, 1989). The formula was altered to  $D_t = f_{(t-p)}(PE)_{(t-p)}$ , which can be translated as “the set of processes through which properties of the person and the environment interact to produce constancy and change in the characteristics of the person over the life span” (Bronfenbrenner, 1989, p. 191). Bronfenbrenner expanded the written definition of the study of development as the scientific study, at a particular point in time, of the progress and interrelationship between a changing human individual and the changing environments within which the human being lives (Bronfenbrenner, 1977). He believed that the study of development was a snapshot of the individual at a particular point in time as well as that individual’s interaction with the environment at that point. To describe the interrelationship between the individual and environment, Bronfenbrenner borrowed four concepts from Brim (1975) and expanded them. These four concepts are the microsystem, the mesosystem, the exosystem, and the macrosystem.

The *microsystem* is defined as the immediate setting or environment containing the developing individual at a particular point in time, such as the home or academic setting (Bronfenbrenner, 1977, 1988, 1989). A setting is further defined as a place in which “participants engage in particular activities in particular roles for particular periods of time. The factors of place, time, physical features, activity, participant, and role constitute the elements of a setting” (Bronfenbrenner, 1977, p. 514).

The *mesosystem* is defined as the interaction among two or more settings containing the developing individual at a particular point in time, such as the interactions between home and the workplace or among the home, religious institution, and academic setting. In other words, a mesosystem is simply a combination of the interactions between microsystems (Bronfenbrenner, 1977, 1988, 1989).

The *exosystem* is an extension of the mesosystem and is defined as the interaction between two or more settings at a particular point in time, at least one of which does not directly contain the developing person, but does contain processes that influence the immediate environment encompassing the developing person. The major institutions in the society are included here as they affect the developing person in a concrete way (Bronfenbrenner, 1977, 1988, 1989).

The *macrosystem* is defined as the encompassing patterns regarding a developing individual’s culture or subculture, including the educational, legal, economic, social and political systems surrounding the individual. The macrosystem involves the societal rules and patterns that govern a particular culture or subculture, and it encompasses the microsystem, the mesosystem, and the exosystem (Bronfenbrenner, 1977, 1988, 1989).

Macrosystems are conceived and examined not only in structural terms but as carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations. (Bronfenbrenner, 1977, p. 515)

Ecological theory provides a framework for studying adoptive families at a particular point in time as well as the effects of various supports up to that time.

. . . It is important to . . . consider a range of supports and resources that may be drawn upon . . . such as those that are available in . . . neighborhood, community, or social institutions. However, very little is known about who adoptive parents actually reach out to for assistance and how this help is experienced. (Kramer & Houston, 1998, p. 424)

It is hoped that the use of Bronfenbrenner's Ecological Theory as a framework in this study will assist in the understanding of what resources adoptive parents believe are available, choose to utilize, report needing, and believe are helpful.

### CHAPTER III

### METHODOLOGY

This study is an extension of the literature regarding special needs adoptive families and social supports that they need, utilize, perceive to be available, and the degree to which they find them helpful, and variables related to families' reports regarding social supports. This chapter outlines the hypotheses for this research study, the populations and samples, the instruments and the procedures.

#### Hypotheses

The hypotheses for this study addressed the relationship between need, availability, use, and helpfulness of social supports and prior parental experience; the relationship between need, availability, use, and helpfulness of social supports and the type of special needs child adopted by the family; and the relationship between social support use and adoptive family functioning.

1. There is a relationship between the perception of *availability* of supports by adoptive families and their experience as foster parents and/or previous adoptive parents.
2. There is a relationship between the perception of *availability* of supports by adoptive families and the type(s) of special needs (i.e., physical/developmental disabilities vs. behavioral/emotional disabilities/difficulties) of the adopted child.



3. There is a relationship between the types of supports *utilized* by adoptive families and their experience as foster parents and/or previous adoptive parents.
4. There is a relationship between the types of support or supports *utilized* by adoptive families and the type(s) of special needs (i.e., physical/developmental disabilities vs. behavioral/emotional disabilities/difficulties) of the adopted child.
5. There is a relationship between the types of supports reported as *needed* by adoptive families and their experience as foster parents and/or previous adoptive parents.
6. There is a relationship between the types of support or supports reported as *needed* by adoptive families and the type(s) of special needs (i.e., physical/developmental disabilities vs. behavioral/emotional disabilities/difficulties) of the adopted child.
7. There is a relationship between the types of supports reported as *helpful* by adoptive families and their experience as foster parents and/or previous adoptive parents.
8. There is a relationship between the types of support or supports reported as *helpful* by adoptive families and the type(s) of special needs (i.e., physical/developmental disabilities vs. behavioral/emotional disabilities/difficulties) of the adopted child.

9. There is a relationship between level of functioning in special needs adoptive families and the social supports utilized by the families. Level of functioning will be measured by the Relationship Dimensions of Cohesion, Expressiveness, and Conflict in the Family Environment Scale.

### **Instruments**

Two instruments were used in this study to measure the constructs of interest. The first instrument presented in the survey packet was The Social Support Survey, an assessment created by the researcher (see Appendices A, B, and C) to investigate adoptive parents' opinions of a variety of supports. Second, the Family Environment Scale (see Appendices D, E, and F) was used to assess the current family environment of the adoptive families.

#### ***The Social Support Survey***

Items in the Social Support Survey, grouped into seven sections for paper-and-pencil version and into four sections for the on-line version, were generated from a thorough review of related literature as well as consultation with special needs adoptive parents and adoption professionals. Questions regarding demographics in the family, and family, parent, and child background included the total children in the family and how many of these children were adopted, biological, foster, and step-children (adapted from McDonald et al., 2001). This section also included questions about the adoptive parents, including ethnicity, marital status, educational status, and current occupation (adapted from Hollingshead, 1975). In addition, it incorporated questions regarding parents' prior experience as foster parents and adoptive parents, and questions about the special needs

of the adopted child (drawn from Rosenthal & Groze, 1992) and abuse prior to adoption (adapted from Erich & Leung, 2002).

The Social Supports Survey utilized a comprehensive listing of social supports drawn from the literature (see Table 1) encompassing three of Bronfenbrenner's four levels for studying the development of an individual (Bronfenbrenner, 1977). For each social support listed, participants were asked to indicate four things: need, availability, use, and helpfulness. In addition, the instrument included questions related to support from family and friends, the social worker, and the community.

The majority of the questions on the survey were based in a thorough study of related literature (i.e., items from similar surveys were included), and the rest were created by the author, also based on the literature. The original survey (see Appendix A) had seven sections, including demographics of the family (adapted from Hollingsworth, 1975; McDonald et al., 2001); background of parents; characteristics of adopted child and family (adapted from Brooks et al., 2002, Erich & Leung, 2002; Rosenthal & Groze, 1992); supports needed, available, used, and helpful (drawn from Rosenthal et al., 1996); support from family and friends; information from social worker (drawn from Rosenthal & Groze, 1992); and community (drawn from McDonald et al., 2001). In addition, other studies were reviewed to help inform the construction of this survey (e. g., Egbert & LaMont, 2004; Groze & Rosenthal, 1991; Kramer & Houston, 1998; Leung & Erich, 2002; Marcenko & Smith, 1991; Reilly & Platz, 2004; Rosenthal & Groze, 1990; Rosenthal & Groze, 1991).

**Scoring.** Information about the Family included items regarding demographic information about parents and the family. The Four Factor Index of Social Status (Hollingshead, 1975) was used to categorize families' social status from the demographic information provided here. Experience of Parents included items related to experience as foster parents or adoptive parents. As appropriate, frequencies, percentages, means, and standard deviations were calculated (see Chapter 4). Answers to Characteristics of Adopted Child incorporated items that related to difficulties or disabilities the child had and were grouped into one of three categories: physical/developmental disabilities, behavioral/emotional disabilities/difficulties, or both, and were used to categorize the adopted child for data analysis/group comparisons. Social Supports Needed, Available, Used, and Helpfulness included an extensive list of services and supports that can be related to adoptive families and children. These items were clustered (drawn from Reilly & Platz, 2004; Rosenthal et al., 1996), and a cluster analysis was planned. Items were hypothetically grouped into clusters of respite services (5 items), medical services (5 items), formal "support" services (5 items), social work services (3 items), financial services (2 items), clinical services (8 items), crisis services (3 items), educational services (4 items), legal services (1 item), informal support services (5 items), research about adoption (1 item), and other. If the planned cluster analysis supported the clustered categories, items under the "Service Needed?" column would be scored within each cluster (1 for an X or check mark indicating a positive response and 0 for no response) and a proportional score calculated for each cluster (with a range of 0 to 1 for each cluster). The same scoring was planned for the "Service Available?" column and the

“Service Used?” column. Items under the “If Used, Rate Helpfulness” column were to be scored within each column (3 for “Very Helpful,” 2 for “Helpful,” and 1 for “Not Helpful”) and average scores reported for each cluster.

Support from Family and Friends contained items related to relative and neighborhood support. Items were scored within each column (3 for “Yes, very much so,” 2 for “Yes, somewhat,” 1 for “No, not really,” and 0 for “Does not Apply”) and an average score calculated to reflect a total support score. Information from Social Worker (Agency Worker) contained items related to the amount and accuracy of information provided to the parent by the adoption social worker. Each of the three items had a choice of three responses. These items were scored separately and an average taken for each individual item related to information provided. The Community section contained items related to support from the community for the adoption. Items were scored within each column (5 for “strongly agree,” 4 for “Agree,” 3 for “Neither agree nor disagree,” 2 for “Disagree,” and 1 for “Strongly Disagree”), and an average score was calculated to reflect a total support score.

### ***The Family Environment Scale (FES)***

The Family Environment Scale (FES; Moos & Moos, 2002) is a 90-item instrument that measures the social-environmental characteristics of families and was used in this study as a measure of the functioning of the adoptive families. Of the three forms of the SES, the one deemed most appropriate for this study was the form that provides a profile of a family environment as it is perceived in the present (Form R).

The FES is a true/false measure made up of ten subscales assessing three domains: the Relationship dimensions, the Personal Growth dimensions, and the System Maintenance dimensions. The Relationship dimensions are composed of three subscales: Cohesion, Expressiveness, and Conflict. These subscales assess “the degree of commitment, help, and support family members provide for one another, the extent to which family members are encouraged to express their feelings directly, and the amount of openly expressed anger and conflict among family members” (p. 1). The Personal Growth dimensions are composed of five subscales: Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis. These subscales measure

the extent to which family members are assertive, are self-sufficient, and make their own decisions; how much activities (such as school and work) are cast into an achievement-oriented or competitive framework; the level of interest in political, intellectual, and cultural activities; the amount of participation in social and recreational activities; and the emphasis on ethical and religious issues and values. (p. 1)

The System Maintenance dimensions are made up of two subscales: Organization and Control. These subscales measure “the degree of importance of clear organization and structure in planning family activities and responsibilities, and how much set rules and procedures are used to run family life” (p. 1). Raw scores for each scale range from 0 to 9. (Raw scores for each of the ten subscales can be converted into standard scores.) In addition, families can be identified through a “Typology of Family Environments,” using Personal Growth dimensions, and then Relationship dimensions, and then System Maintenance dimensions. These include Independence oriented families, Achievement

oriented families, Intellectual-cultural oriented families, Moral-religious oriented families, Support oriented families, Conflict oriented families, and Disorganized families.

The FES profile compares the family to the normative group in assessing how the family interacts. The normative sample for Form R consists of 1,432 “normal” (or non-distressed) and 788 distressed families. The sample of normal families included families from all over the country, representing a wide variety of family forms, including single-parent families, multi-generational families, families within ethnic minority groups, and families comprising various age groups. The sample of distressed families came from a wide variety of settings and backgrounds, including a family clinic connected to a probation and parole department; families with individuals struggling with alcohol abuse; families of individuals diagnosed with depression; families of individuals in a psychiatric facility; and families where a child or adolescent was in crisis. Norm scores indicate that distressed families score lower in cohesion, expressiveness, independence, and intellectual and recreational orientation, and score higher in conflict.

Cronbach’s alpha for the ten subscales ranged from .61 for Independence to .78 for Moral-Religious Emphasis, Intellectual-Cultural Orientation, and Cohesion (Moos & Moos, 2002). Test-retest reliabilities for the ten subscales ranged from .53 for Conflict to .84 for Moral-Religious Emphasis at twelve months ( $n = 529$ ), from .51 for Conflict to .77 for Moral-Religious Emphasis at three-four years ( $n = 219$ ), from .45 for Conflict to .81 for Moral-Religious Emphasis at six years ( $n = 167$ ), and from .38 for Conflict to .77 for Moral-Religious Emphasis at nine-ten years ( $n = 173$ ). It would be expected that subscales such as Moral-Religious Emphasis would remain more stable over time

reflecting less change in a family's basic values, whereas Conflict may be more reactive to change.

Content and construct validity of the FES has been supported in a variety of research studies as reported in the manual (Moos & Moos, 2002). Scores for cohesion, control, and conflict were found to be related to other standardized measures of these constructs. Scores on constructs such as organization, control, and conflict were found in some studies conducted by researchers other than the authors to correlate with self-reports of the level of these constructs within various families. Discriminant validity was investigated by comparing the FES to assessments that measure aspects of family cohesion different from the FES. Moos and Moos (2002) cited other studies indicating that cohesion as measured by the FES was different from two other assessments that measure different aspects of cohesion from the FES. Further, there were no relationships between the FES and a standardized measure of work-place support or between the FES and a measurement of family identity.

Content and construct validity were built into the FES through defining specific constructs, conceptualizing items that matched these definitions, and choosing items that matched a dimension. Choice of items also was based on empirical proof, an example being item intercorrelations. In addition, only one dimension was chosen for each item. Validity is further discussed through a summary of various studies using the FES (Moos & Moos, 2002).

Moos and Moos (2002) described and summarized the use of the FES in research including families with children with behavioral difficulties, children with psychiatric



difficulties, children with learning disabilities, children with developmental disabilities, resilience and adaptation in families, families with children with physical diagnoses, stepfamily adjustment, and family environment as related to the developing child, among others. Research using the FES as summarized in the manual appears to point to the use of individual scales in summarizing results.

For the purposes of this study, only the Relationship Dimensions of Cohesion, Expressiveness, and Conflict were used as a measure of family functioning.

### **Population and Samples**

Participants were recruited from the parents of adoptive families with special needs, to include “children who have experienced physical or sexual abuse and/or severe neglect; children with physical or emotional disabilities; children who are older than one year; and children who are members of a sibling group who are placed together with the same adoptive family” (Mullin & Johnson, 1999, p. 590).

A convenience sample of adoptive families was drawn from participating agencies. The target sample included families who had experience as foster parents and/or adopted parents previous to the targeted adopted child’s placement in the home as well as those who did not. In addition, the target sample included families who had adopted children with *physical/developmental disabilities* and those who had adopted children with *behavioral/emotional disabilities/difficulties*.

To reach the target sample, the researcher identified agencies that work with parents/children/families and the researcher contacted these agencies asking for their participation. Adoption Plus in Asheville, North Carolina, places children with special

needs in North Carolina and also provides support services for these families. Children's Home Society in Greensboro, North Carolina, also places children with special needs throughout North Carolina and provides support services for these families. The North American Council on Adoptable Children (NACAC) promotes the adoption of children in the United States and Canada, especially those from foster care and those with special needs. NACAC also provides support for adoptive families in both the United States and Canada, and is located in St. Paul, Minnesota.

### **Procedures**

Multiple sites were needed in order to recruit the adoptive parents of special needs children, as this is not a population with a large percentage within the greater population. The agencies who agreed to work with the researcher ranged in size and the geographic area that they served. Upon approval from the Institutional Review Board, two of the agencies worked with the researcher to mail out surveys from the agencies directly to families in their databases. This procedure protected the confidentiality of the parents they served. Parents who chose to take part mailed the survey directly back to the researcher. Upon approval from the Institutional Review Board, the third agency worked with the researcher to put an advertisement in their quarterly newsletter describing the study and soliciting parents to participate. Parents who wished to participate then emailed the researcher directly to request a packet. If they chose to participate after seeing the research packet, they mailed it directly to the researcher upon completion.

Families were sent a packet including (a) a letter of introduction (see Appendices G and I), (b) survey instruments (see Appendices A and B), (3) directions for completing

the packet (see Appendices H and I), (d) the supplemental form (see Appendix L), and (e) a postcard inviting them to participate in a drawing for a gift certificate (see Appendix N). The purpose of the study and consent was explained in the cover letter. One parent from each family who agreed to participate completed the survey and the standardized instrument. In families with more than one adopted child, the target child was chosen randomly by the parent filling out the instruments so that data were collected about no more than one child per family.

### **Data Analysis**

Planned analysis included an exploratory factor analysis of the social support responses followed by a cluster analysis to explore the relationships of the supports/services to one another and to other variables. It was planned that the three subscales of the Relationship dimension (Cohesion, Expressiveness, and Conflict) of the Family Environment Scale would be analyzed to determine their correlations with one another. If they were highly correlated, a composite score was planned to be calculated and used for the Relationship dimensions rather than the three subscales individually as a measure of family functioning. Chi-square analysis were planned for each of the nine hypotheses to understand the relationship between the services/supports, family functioning, and the variables in the research questions such as experience as foster parents and/or adopted parents previous to the targeted adopted child's placement in the home vs. those who did not have this experience, and families who have adopted children with *physical/developmental disabilities* vs. those who had adopted children with

*behavioral/emotional disabilities/difficulties* vs. those who had adopted children with *both*.

### **Pilot Study**

The original survey (see Appendix A) was reviewed by five adoption professionals, defined by their clinical, social work, or research experience with special needs adoptive families. One professional participant was a doctoral student conducting her dissertation on adoptive families; another was the director of an agency that places adoptive children and works with adoptive families; the third was the director of a mental health agency with extensive experience in working with children and families, including foster and adoptive families; the fourth was a social worker who had worked extensively with adoptive and foster families; and the fifth was an instructor in a social work department with extensive experience working with adoptive families. These professionals were interviewed for feedback regarding the Social Supports Survey, such as clarity and reading level of items, wording in the list of services/supports, inclusiveness of the list, and clarity and reading level of directions.

In addition, eight special needs adoptive parents completed the survey and were interviewed for similar feedback. The survey and the Family Environment Scale were administered in the homes of seven participants, and one was administered in the home of the friend of one participant. It is somewhat difficult to estimate accurately an average of the amount of time both instruments took for parents to complete (due to distractions of children, spouses, phone calls, etc., during the interview time). However, the researcher

estimated that both instruments would take an average of one hour for parents to complete.

Seven mothers and one father participated in the pilot survey. The average age of the parents was 49.8 years, with a range of 36 to 64 years. Five parents were White, two were Black, and one was Native American. Two parents had no foster parent experience; the remaining six reported 9 months to 25 years of experience as foster parents. The target adopted child's current age at that time ranged from 8 to 20 years; they were actually adopted between nine months and 12 years of age. Two of the children were categorized with difficulties/disabilities that were physical/developmental in nature, three were categorized with difficulties/disabilities that were emotional/behavioral in nature, and three of the children were categorized as having challenges in both areas.

A number of changes were made to the original instrument based on the parents' and adoption professionals' feedback. These changes are summarized in the following section.

### ***Clarity and Reading Level of Items***

The clarity and reading level of items on the survey underwent extensive alterations based on feedback from both adoption professionals and special needs adoptive parents. For example, in the original survey, a question regarding details of the adoption (see Appendix A, p. 174) was originally worded "Was your adopted child adopted as part of a sibling group?" Based on feedback, this item was reworded (see Appendix B, p. 182) "When you adopted this child, did he/she also have a sister or brother whom you adopted?" Another example related to questions about support from

family for the adoption. In the original survey (see Appendix A, page 178), this question was phrased as “Did/do your relatives approve of the adoption?” Based on feedback, the question was changed to read (see Appendix B, p. 186) “Extended family support?”

### ***Services/Supports***

Parents and professionals also provided feedback regarding the list of services/supports. Some items were reworded. For example, “Master adoptive parent” (see Appendix A, p. 176) was reworded as “Another adoptive parent assigned as mentor/coach” (see Appendix B, p. 184), and “Social work: service coordinator” (see Appendix A, p. 177) was reworded as “Social worker or other professional who coordinates services for your child” (see Appendix B, p. 185). Only one item was added based on feedback: “Day care: in-home or out-of-home” (see Appendix B, p. 184).

### ***Clarity and Reading Level of Directions***

Directions for various sections also underwent changes based on feedback. For example, the beginning of the first set of directions regarding the family read as follows in the first survey (see Appendix A, p. 169) “Please choose one adopted child who includes a characteristic from the definition of ‘special needs adopted child’ in the directions. Your adopted child should have been in your home for at least two years.” These directions were altered to read as follows (see Appendix B, p. 181): “Please choose one child whose adoption has been legalized in court and who also fits the definition of ‘special needs adopted child’ in the directions. Your adopted child should have been in your home for at least two years (no matter when the child was adopted) and no more

than five years.” The researcher attempted to word all items and directions at an eighth-grade reading level or lower.

### ***Feedback on the Process***

Overall, the parents relayed that the process of filling out the instruments was not overall time consuming. In addition, neither professionals nor parents overall expressed concerns about the questions or items being too invasive or insulting in any way.

### ***Pilot Study Results***

For the subscales comprising the FES Relationship Dimensions, parents’ standard scores ranged from 52 to 65 for Control ( $\underline{M} = 60.4$ ;  $\underline{SD} = 4.5$ ), from 40 to 71 for Expressiveness ( $\underline{M} = 59.7$ ;  $\underline{SD} = 10.4$ ) (one could not be scored due to inappropriate completions of the items for this subscale), and 33 to 70 for Conflict ( $\underline{M} = 45.1$ ;  $\underline{SD} = 12.2$ ).

In addition, the FES manual provides a family environment typology based first on the Personal Growth Dimensions, then the Relationship dimensions, and then the System Maintenance Dimensions. Three families were classified as “structured moral-religious,” one was classified as “achievement-oriented,” one as “support-oriented,” one as “intellectual-cultural-oriented, and one as “independence-oriented.” The FES of one parent could not be categorized due to the inappropriate completion of the instrument. Given that three of the eight families were typed as Structured Moral-Religious families (and the parent whose FES could not be classified had a high score in Moral-Religious Emphasis), it may be that ethical and religious values play a significant role in many of these families.

When examining the results of the Family Environment Scale (see below) and comparing them to social supports/services needed, used, and helpfulness, a few interesting trends emerged (scores reported reflect proportional scores calculated using the service/support clusters). The parent whose FES profile was identified as “support-oriented” indicated high need for social work services (1.0), for clinical services (.88), and for informal support services (.80), and a high use of social work services (1.0), for clinical services (.75), and for informal support services (.80). Of the social work services used, two were rated as “helpful” and one as “not helpful.” Of the clinical services used, four were rated as “helpful” and one as “not helpful.” Of the informal support services used, the majority were rated as “very helpful” and the rest as “helpful,” indicating perhaps that this parent felt most supported by her/his more informal support network.

There were some commonalities among the three parents whose profiles were characterized as “structured moral-religious” in terms of use (or lack of) services. All three parents indicated no use of respite services, little use of formal support services (.13), and no use of crisis services. Although two of these parents indicated high use of clinical services, these same two parents also indicated high use of informal support services (.6), perhaps indicating that these families rely more heavily on informal support than formal support.



## **CHAPTER IV**

### **RESULTS**

In this chapter, results of the study are discussed in four sections: details of participant recruitment, descriptive information about the sample, a summary of preliminary analyses, and statistical analyses based in the research questions.

#### **Participant Recruitment**

A multi-faceted approach was used to recruit participants for this study. Adoption agencies, both national and state-level, were approached to assist in participant recruitment. National advocacy, support, and membership organizations also were approached. Surveys were mailed directly to potential participants through the agencies, the study was advertised in a national newsletter, and the survey was offered on-line through adoption listservs.

A total of approximately 20 adoption agencies/organizations were contacted regarding participation in this study. The researcher contacted potential agencies through both email and telephone. Two agencies agreed to participate by sending paper-and-pencil surveys to the families for whom they provided services. Both agencies were located in the southeastern United States, one in a medium size city and one in a small city. After IRB approval, 150 surveys were sent directly from the larger agency to the parents they served. There were unexplained delays by this agency in mailing the surveys out; from the time the researcher delivered the completed packets to the time they were

mailed by the agency was four months. Mailed survey packets sent by the agencies included a self-addressed stamped envelope addressed directly to the researcher. Parents who chose to participate completed the survey packet and used this envelope to return it. A total of 14 packets were returned. After IRB approval, a total of 30 surveys were sent directly from the smaller agency to the parents they served following the same method as the larger agency. A total of 7 packets were returned.

Another agency that engages in research, advocacy, and direct services to parents throughout North America agreed to participate and offered to advertise the study in its newsletter, which had a circulation across the United States and Canada. After IRB approval, the advertisement was included in a 2007 edition of the newsletter. The advertisement in the national newsletter included a brief introduction to the study and an invitation to parents to contact the researcher directly through email if interested in receiving a packet. Two parents contacted the researcher and were mailed packets; no surveys were returned. Over a 2 ½ year time period, then, recruitment through adoption agencies, as described above, resulted in 22 completed surveys.

An additional recruitment method clearly was needed to gain needed participation. The same agency that advertised the study in its newsletter offered to advertise the study on its listserv. After IRB approval, the researcher sent a brief letter of introduction to this agency and five other adoption listserv monitors. Three emails were returned (“bounced back”) to the researcher due to difficulties with the email addresses. Monitors contacted then chose whether to forward the invitation to their listserv participants. The invitation included the researcher’s email address to contact if the

parent was interested in taking part in the survey. The researcher then responded by forwarding the survey to the interested parent, which included the survey link and the password. Accordingly, 197 parents indicated interest in filling out the survey; 135 parents completed or partially completed the survey. Ten surveys were disqualified by the researcher due to partial incompleteness.

The on-line survey was conducted through Survey Monkey. Password protection was required by Mindgarden, publisher of the FES, to be able to post the FES on-line.

**Table 2. Data Collection by Site**

<b>Type of Site</b>	<b>Type of Recruitment</b>	<b># packets or emails sent</b>	<b># packets received or filled out on-line</b>	<b>Response Rate</b>
Small site serving adoptive families in-state	Mailed surveys to parents	150	14	9.3%
Small site serving adoptive families in-state	Mailed surveys to parents	30	7	23.3%
Large site serving adoptive families in North America	Newsletter invitation	NA	0	0%
Large site serving adoptive families in North America (same site as above)	Listserv invitation	197	114	57.9%
<b>Totals Packets (mean response rate)</b>		<b>377</b>	<b>135</b>	<b>35.8%</b>

### **Description of the Sample**

The focus of this study was adoptive parents' knowledge and opinions of their families and the effect of both formal and informal supports on their families.

### ***Parents***

The majority of parents who filled out the surveys were mothers (92.8%,  $n = 117$ ). Eight fathers filled out surveys (6.4%,  $n = 8$ ). Mothers (partners) were between 26 and 65 years of age ( $M = 45.64$ ;  $SD = 8.42$ ). Fathers (partners) were between 29 and 73 years of age ( $M = 48.43$ ;  $SD = 9.85$ ). Ethnicity of mothers (partners) included White (91.9%), Black (3.3%), Biracial (2.4%), Native American (1.6%), and Multiracial/Other (.8%). Ethnicity of fathers (partners) included White (94.5%), Black (2.7%), Native American (.9%), Asian (.9%), and Multiracial/Other (.9%). The word “partners” was used in order to be inclusive of couples who may have had two mothers or two fathers parenting adopted children.

The Four Factor Index of Social Status (Hollingsworth, 1975) was used to categorize families’ social status based on the demographic information provided by parents. Hollingshead’s measure takes into account gender, marital status, education and occupation. Scores can range from 8 to 66. Scores of the adoptive parents in this study ranged from scores of 22 to 60 ( $M = 46.06$ ;  $SD = 9.52$ ). This means that the families were, on average, middle class.

Of the respondents, 72% ( $n = 90$ ) of parents indicated that they had foster parent experience. This experience ranged from 6 months to 30 years ( $M = 7.9$ ;  $SD = 6.08$ ). Parents reported fostering a range of 1 to 500 children ( $M = 29.85$ ;  $SD = 68.47$ ), although the majority of parents reported fostering less than 50 children. A larger percentage, 70.1%, reported fostering the adopted child who was the subject of the survey before adopting that child. Only 3.2% were related to their adopted child. Of the respondents,

60.5% reported that this child was their first adoption, and 38% reported that they had adopted a sibling of the adopted child (target child) discussed in the survey.

### ***Families***

Parents reported having a range of 1 to 14 children total ( $\underline{M} = 3.87$ ;  $\underline{SD} = 2.85$ ), and a range of 0 to 11 currently living in the home ( $\underline{M} = 2.98$ ;  $\underline{SD} = 2.18$ ). This included reports of 0 to 5 biological children ( $\underline{M} = 1.05$ ;  $\underline{SD} = 1.22$ ), 0 to 5 step-children ( $\underline{M} = .36$ ;  $\underline{SD} = .9$ ), and 0 to 10 adopted children ( $\underline{M} = 2.8$ ;  $\underline{SD} = 2.18$ ) living in and outside of the home (reports included families where adoption was not yet final legally). In all cases a lower number of parents reported the higher numbers of children in all categories as can be seen by the lower means and standard deviations.

### ***Adopted Children***

Parents filling out the survey packets were instructed to complete the survey with one adopted child in mind. These target children were between 2 and 23 years of age ( $\underline{M} = 10.61$ ;  $\underline{SD} = 4.96$ ). Of these children, 50.4% were female, and 49.6% were male. Ethnicity for the children included White (58.2%), Black (10.7%), Biracial (9.8%), Asian (8.2%), Multiracial/Other (6.6%), Latino/Latina (4.9%), and Native American (1.6%). The children had been placed in their adoptive homes between the ages of newborn and 15 years ( $\underline{M} = 4.92$ ;  $\underline{SD} = 3.94$ ), and adoptions had been legally finalized when the children were between the ages of one year and 23 years ( $\underline{M} = 6.59$ ;  $\underline{SD} = 4.11$ ).

Based on parent reports, 64.0% of the children had been formally diagnosed with a physical or developmental disability/difficulty. Another 64.8% had been formally diagnosed with a behavioral or emotional disability/difficulty, and 51.9% had been

formally diagnosed with a physical/developmental disability/difficulty and a behavioral/emotional disability/difficulty. In addition, 83.9% had experienced physical abuse, sexual abuse, or a failed adoptive placement before being placed with the current adoptive family.

### **Preliminary Analysis**

Variables of interest in this study were parents' perceived need, use, availability, and ratings of helpfulness of supports for their child and/or family as related to differences in foster parent experience, special needs of the adopted children, and the level of functioning of the family.

#### ***Foster Parent Experience***

One of the central variables of interest in this study was foster and adoptive parent experience and supports. In this section, the most notable observed relationships between foster and adoptive experience with the use, need, availability, and helpfulness of services/supports are reported. It is important to note that over 70% of the parents surveyed indicated that they had foster parent experience; approximately 40% indicated that this adoption was not their first. Therefore, the majority of parents had experience as adoptive and/or foster parents ( $n = 99$ ); the sample of parents who did not have foster or adoptive experience ( $n = 26$ ) was smaller. Thus, caution should be used in drawing conclusions from the observations in this section. For the purposes of this section, only observed differences of 15% or more will be discussed.

***Supports available.*** The top five supports reported available by those with foster and/or adoptive experience were (in descending order) *routine medical care for child*

(72.7%), *adoption financial subsidy* (71.7%), *dental care* (65.7%), *background information about child* (59.6%), and *individual counseling for child* (59.6%). The top five supports reported available by parents who had not adopted nor fostered (in descending order) were *books/articles on adoptive issues for parents* (65.4%), *individual counseling for child* (65.4%), *family counseling/therapy* (57.7%), *dental care* (57.7%), and *routine medical care for child* (57.7%).

The interaction between parents' reports about foster parent and adoptive experience and supports *available* were analyzed using crosstabulation. There were several areas of observed differences in supports available between parents who reported that they had previous foster and/or adoptive parent experience with those parents who did not have foster/adoptive experience. Table 3 lists categories, supports, and their percentages.

**Table 3. Foster and/or Adoptive Experience and Percentages of Reported Support Availability**

<b>Supports Available</b>	<b>Foster and/or adoptive experience (<u>n</u> = 99)</b>	<b>No foster or adoptive experience (<u>n</u> = 26)</b>
<b>Respite Services</b>		
Babysitting	30.3	30.8
Respite care	45.5	26.9
Day care	31.3	30.8
Housekeeper	9.1	19.2
<b>Medical Services</b>		
Home health/nursing	18.2	11.5
Physical or occupational therapy	37.4	46.2
Routine medical care for child	72.7	57.7
Medical care for child's disability	44.4	30.8
Dental care	65.7	57.7

**Table 3—Continued**

<b>Formal Support Services</b>		
Mentor/coach for parents	14.1	11.5
Support group for parents	53.5	50.0
Support group for child	23.2	15.4
Time with other adoptive parents for parents	42.4	34.6
Time for child with other adopted child	25.3	19.2
<b>Social Work Services</b>		
Social worker or other professional	45.5	19.2
Background information about child	59.6	30.8
Meetings for parents with child's previous foster parents	34.3	15.4
<b>Financial Services</b>		
Adoption financial subsidy	71.7	38.5
Other financial supports for child	36.4	15.4
<b>Clinical Services</b>		
Counseling on adoption issues for parents	35.4	30.8
Counseling/training on parental skills	45.5	38.5
Counseling/training about child development	37.4	30.8
Family counseling/therapy	44.4	57.7
Individual counseling for child	59.6	65.4
Vocational rehabilitation counseling for child	17.2	11.5
Drug/alcohol services for child	21.2	15.4
Psychological evaluation for child	54.5	50.0
<b>Crisis Services</b>		
Out-of-home emergency placement for child	19.2	11.5
Foster/group/residential placement	18.2	19.2
Psychiatric hospitalization for child	26.3	34.6
<b>Educational Services</b>		
Educational assessment	48.5	50.0
Special education curriculum	48.5	46.2
Tutoring	23.2	23.1
Speech therapy	34.3	38.5
<b>Legal services</b>		
Lawyer for adoption	48.5	38.5
<b>Research About Adoption</b>		
Books/articles on adoptive issues for parents	48.5	65.4
<b>Informal Support Services</b>		
Spouse/partner support	47.5	53.8
Church or religious support	44.4	30.8
Extended Family support	48.5	50.0



**Table 3—Continued**

Friends and/or neighbors support	55.6	53.8
Community/neighborhood support	30.3	23.1
Other		
Other	8.1	7.7

Within those supports categorized as *respite services*, a 15% difference was observed in one support, *respite care*, between parents who had fostered and/or adopted previously and those who had not fostered or adopted; parents with foster/adoptive experience reported higher availability. There was also one difference observed in the supports categorized as *medical services*; those parents with experience reported higher availability of *routine medical care for child*. Differences were evident in all items of supports categorized as *social work services*, with experienced parents reporting more availability for all three supports (*social worker or other professional, background information about child, meetings for parents with child's previous foster parents*) than inexperienced parents. Similarly, both *financial services* were different (*adoption financial subsidy, other financial supports for child*), with experienced parents expressing greater availability than parents without experience. Differences of over 15% also were evident regarding the one support categorized as *research about adoption (books/articles on adoptive issues for parents)*. In this case, parents without experience expressed greater availability than parents with experience.

Overall, those supports categorized as *formal support services, clinical services, crisis services, educational services, legal services, informal supports services, and other services* availability appeared to be relatively similar (less than 15% difference) among

adoptive parents who had fostered or adopted before versus those who had not. Parents with foster and/or adoptive experience reported higher availability of services overall (30 out of 42) than those without experience, although the differences may have been less than 15%.

***Supports used.*** The top supports reported used by parents with experience were (in descending order) *routine medical care for child* (81.8%), *adoption financial subsidy* (78.8%), *dental care* (74.7%), *background information about child* (65.7%), *friends and/or neighbors support* (57.6%), and *individual counseling for child* (57.6%). These were the same top five supports in the same order that experienced parents reported about support availability. The top five supports reported used by parents without experience (in descending order) were *books/articles on adoptive issues for parents* (61.5%), *individual counseling for child* (57.7%), *routine medical care for child* (57.7%), *dental care* (53.8%), and *spouse/partner support* (53.8%).

The interaction between parents' reports about foster parent and adoptive experience and supports *used* were analyzed using crosstabulation. Several differences of at least 15% were observed. Table 4.3 lists categories, supports, and their percentages.

One support categorized as a *respite service (respite care)* was found to have a difference of 15% or more; those with experience reported higher use than those without experience. Within those supports categorized as *medical services*, differences were evident in two supports (*routine medical care for child* and *dental care*) between parents who had fostered and/or adopted previously and those who had not fostered or adopted; those with experience expressed higher use.

**Table 4. Foster and/or Adoptive Experience and Percentages of Reported Supports Used**

<b>Supports Used</b>	<b>Foster and/or adoptive experience (<u>n</u> = 99)</b>	<b>No foster or adoptive experience (<u>n</u> = 26)</b>
<b>Respite Services</b>		
Babysitting	27.3	26.9
Respite care	33.3	15.4
Day care	27.3	23.1
Housekeeper	6.1	15.4
<b>Medical Services</b>		
Home health/nursing	7.1	.0
Physical or occupational therapy	33.3	26.9
Routine medical care for child	81.8	57.7
Medical care for child's disability	43.4	34.6
Dental care	74.7	53.8
<b>Formal Support Services</b>		
Mentor/coach for parents	8.1	7.7
Support group for parents	43.4	50.0
Support group for child	15.2	11.5
Time with other adoptive parents for parents	37.4	30.8
Time for child with other adopted child	20.2	19.2
<b>Social Work Services</b>		
Social worker or other professional	43.4	15.4
Background information about child	65.7	30.8
Meetings for parents with child's previous foster parents	28.3	15.4
<b>Financial Services</b>		
Adoption financial subsidy	78.8	38.5
Other financial supports for child	32.3	11.5
<b>Clinical Services</b>		
Counseling on adoption issues for parents	31.3	26.9
Counseling/training on parental skills	44.4	34.6
Counseling/training about child development	33.3	30.8
Family counseling/therapy	37.4	53.8
Individual counseling for child	57.6	57.7
Vocational rehabilitation counseling for child	5.1	3.8
Drug/alcohol services for child	1.0	7.7
Psychological evaluation for child	50.5	46.2

**Table 4—Continued**

<b>Crisis Services</b>		
Out-of-home emergency placement for child	2.0	7.7
Foster/group/residential placement	6.1	11.5
Psychiatric hospitalization for child	13.1	23.1
<b>Educational Services</b>		
Educational assessment	51.5	46.2
Special education curriculum	44.4	38.5
Tutoring	15.2	11.5
Speech therapy	31.3	34.6
<b>Legal services</b>		
Lawyer for adoption	50.5	26.9
<b>Research About Adoption</b>		
Books/articles on adoptive issues for parents	51.5	61.5
<b>Informal Support Services</b>		
Spouse/partner support	50.5	53.8
Church or religious support	42.4	26.9
Extended Family support	49.5	46.2
Friends and/or neighbors support	57.6	42.3
Community/neighborhood support	31.3	19.2
<b>Other</b>		
Other	8.1	7.7

There were also differences of 15% or higher for two supports categorized as *social work services* (*social worker or other professional* and *background information about child*).

Again, parents with experience reported higher use than those without experience.

Differences also were observed in both items categorized as *financial services* (*adoption financial subsidy* and *other financial supports for child*); parents with experience reported higher use than those without. Differences of over 15% also were reported regarding one support categorized as *clinical services* (*family counseling/therapy*); in this case, parents without experience reported greater use. The one support categorized as *legal services* (*lawyer for adoption*) found parents with experience reporting greater use. Two *informal*

*support services (church or religious support and friends and/or neighbors support)* again had differences of over 15%, with parents with experience reporting greater use than those without.

Overall, those supports categorized as *respite services, formal support services, crisis services, educational services, research about adoption and other services* appeared to be relatively similar in use (less than 15% difference) among adoptive parents who had fostered or adopted before versus those who had not. Overall, parents without foster and/or adoptive experience reported lower use of the majority of services (31 out of 42) than those with experience, although the difference may have been less than 15%.

***Supports needed.*** The top five supports reported needed by parents with experience were (in descending order) *background information about child* (69.7%), *adoption financial subsidy* (68.7%), *routine medical care for child* (66.7%), *dental care* (64.6%), and *extended family support* (61.6%). The top five supports reported used by parents without experience (in descending order) were *time with other adoptive parents for parents* (88.5%), *support group for parents* (84.6%), *background information about child* (80.8%), *extended family support* (80.8%), and *individual counseling for child* (80.8%).

The interaction between parents' reports about foster parent and adoptive experience and supports needed were analyzed using crosstabulation. Several areas of differences of least 15% were observed. Table 5 lists categories, supports and their percentages.

**Table 5. Foster and/or Adoptive Experience and Percentages of Reported Support Needs**

<b>Supports Needed</b>	<b>Foster and/or adoptive experience (n = 99)</b>	<b>No foster or adoptive experience (n = 26)</b>
<b>Respite Services</b>		
Babysitting	55.6	69.2
Respite care	52.5	53.8
Day care	42.4	46.2
Housekeeper	33.3	42.3
<b>Medical Services</b>		
Home health/nursing	4.0	11.5
Physical or occupational therapy	27.3	38.5
Routine medical care for child	66.7	53.8
Medical care for child's disability	41.4	50.0
Dental care	64.6	69.2
<b>Formal Support Services</b>		
Mentor/coach for parents	34.3	53.8
Support group for parents	56.6	84.6
Support group for child	37.4	65.4
Time with other adoptive parents for parents	58.6	88.5
Time for child with other adopted child	44.4	61.5
<b>Social Work Services</b>		
Social worker or other professional	56.6	69.2
Background information about child	69.7	80.8
Meetings for parents with child's previous foster parents	32.3	19.2
<b>Financial Services</b>		
Adoption financial subsidy	68.7	65.4
Other financial supports for child	38.4	38.5
<b>Clinical Services</b>		
Counseling on adoption issues for parents	53.5	76.9
Counseling/training on parental skills	46.5	76.9
Counseling/training about child development	38.4	53.8
Family counseling/therapy	48.5	76.9
Individual counseling for child	56.6	80.8
Vocational rehabilitation counseling for child	12.1	19.2
Drug/alcohol services for child	8.1	7.7
Psychological evaluation for child	56.6	57.7
<b>Crisis Services</b>		
Out-of-home emergency placement for child	13.1	30.8

**Table 5—Continued**

Foster/group/residential placement	14.1	26.9
Psychiatric hospitalization for child	17.2	34.6
<b>Educational Services</b>		
Educational assessment	51.5	69.2
Special education curriculum	40.4	50.0
Tutoring	38.4	53.8
Speech therapy	26.3	34.6
<b>Legal services</b>		
Lawyer for adoption	48.5	42.3
<b>Research About Adoption</b>		
Books/articles on adoptive issues for parents	50.5	73.1
<b>Informal Support Services</b>		
Spouse/partner support	56.6	73.1
Church or religious support	52.5	53.8
Extended Family support	61.6	80.8
Friends and/or neighbors support	63.6	76.9
Community/neighborhood support	46.5	57.7
<b>Other</b>		
Other	15.2	15.4

There were many supports/services observed to have differences greater than 15% between parents with experience and parents without experience. In all cases, parents without experience expressed greater need for these services than those with experience. Differences were discovered in all items of supports categorized as *formal support services* (*mentor/coach for parents, support group for parents, support group for child, time with other adoptive parents for parents, and time for child with other adopted child*). Differences of 15% or over also were reported regarding half of the *clinical services* (*counseling on adoption issues, counseling/training on parental skills, family counseling/therapy, and individual counseling for child*). In addition, two supports categorized as *crisis services*, (*out-of-home emergency placement for child and*

*psychiatric hospitalization for child*), two supports categorized as *educational services* (*educational assessment* and *tutoring*), the only support categorized as *research about adoption* (*books/articles on adoptive issues for parents*), and two supports of the *informal support services* (*spouse/partner support* and *extended family support*) were all observed to be different based on experience of parents.

Overall, those supports categorized as *respite services*, *medical services*, *social work services*, *financial services*, *legal services* and *other services* appeared to be relatively similar (less than 15% difference) among adoptive parents who had fostered or adopted before versus those who had not. Out of a list of 42 services total, parents without experience reported a higher need for 37 of them than parents with experience, although this difference may have been less than 15%.

***Support helpfulness.*** The top five supports reported *helpful* and *very helpful* (these responses were added together) by parents with experience were (in descending order) *adoption financial subsidy* (83.8%), *routine medical care for child* (80.8%), *dental care* (71.7%), *friends and/or neighbors support* (67.7%), and *background information about child* (62.6%). The top supports reported *helpful* and *very helpful* by parents without experience were *books/articles on adoptive issues for parents* (65.4%), *family counseling/therapy* (57.7%), *routine medical care for child* (57.7%), *dental care* (53.8%), *extended family support* (53.8%), and *spouse/partner support* (53.8%).

The top five supports reported *not helpful* by parents with experience (in descending order) were *individual counseling for child* (13.1%), *background information about child* (10.1%), *respite care* (8.1%), *social worker or other professional* (8.1%), and



*psychiatric hospitalization for child* (7.1%). The top supports reported *not helpful* by parents without experience (in descending order) were *lawyer for adoption* (19.2%), *background information about child* (15.4%), *individual counseling for child* (15.4%), *psychological evaluation for child* (15.4%), *church or religious support* (11.5%), *community/neighborhood support* (11.5%), *drug/alcohol services for child* (11.5%), *educational assessment* (11.5%), *psychiatric hospitalization for child* (11.5%), *special education curriculum* (11.5%), *speech therapy* (11.5%), and *support group for parents* (11.5%).

The interaction between parents' reports of foster parent and adoptive experience and support helpfulness were analyzed using crosstabulation. Parents were asked to indicate if supports used were *very helpful*, *helpful* or *not helpful*. Several areas of differences in support helpfulness were observed. For the purposes of this section, percentages observed in the *very helpful* and *helpful* ratings were added together to compare parents with experience to those without experience. Table 6 lists categories, supports, and their percentages.

Many supports/services were observed to have differences greater than 15% in helpfulness between parents with experience and parents without experience. A difference was evident in one support categorized as *respite services (respite care)*; parents with experience rated this as more helpful than parents without. Differences were evident in three out of five *medical services (routine medical care for child, medical care for child's disability, and dental care)*; parents with experience rated these as more helpful.

**Table 6. Foster and/or Adoptive Experience and Percentages of Reported Support Helpfulness**

Support Helpfulness	Foster and/or adoptive experience ( $\underline{n} = 99$ )			No foster or adoptive experience ( $\underline{n} = 26$ )		
	Very Helpful	Helpful	Not Helpful	Very Helpful	Helpful	Not Helpful
<b>Respite Services</b>						
Babysitting	17.2	10.1	4.0	23.1	7.7	7.7
Respite care	25.3	6.1	8.1	3.8	11.5	3.8
Day care	25.3	3.0	4.0	11.5	11.5	.0
Housekeeper	4.0	.0	3.0	11.5	3.8	3.8
<b>Medical Services</b>						
Home health/nursing	5.1	3.0	1.0	.0	.0	3.8
Physical or occupational therapy	23.2	10.1	3.0	.0	23.1	7.7
Routine medical care for child	71.7	9.1	3.0	42.3	15.4	3.8
Medical care for child's disability	33.3	12.1	1.0	19.2	11.5	3.8
Dental care	60.6	11.1	4.0	50.0	3.8	3.8
<b>Formal Support Services</b>						
Mentor/coach for parents	6.1	2.0	3.0	7.7	.0	3.8
Support group for parents	34.3	.0	6.1	26.9	.0	11.5
Support group for child	12.1	3.0	3.0	3.8	3.8	3.8
Time with other adoptive parents for parents	32.3	8.1	1.0	26.9	7.7	.0
Time for child with other adopted child	11.1	10.1	3.0	11.5	.0	7.7
<b>Social Work Services</b>						
Social worker or other professional	27.3	16.2	8.1	3.8	7.7	7.7

**Table 6—Continued**

Background information about child	38.4	24.2	10.1	11.5	7.7	15.4
Meetings for parents with child's previous foster parents	22.2	9.1	6.1	7.7	3.8	7.7
<b>Financial Services</b>						
Adoption financial subsidy	72.7	11.1	.0	23.1	19.2	.0
Other financial supports for child	30.3	5.1	4.0	7.7	.0	.0
<b>Clinical Services</b>						
Counseling on adoption issues for parents	24.2	8.1	3.0	19.2	0	7.7
Counseling/training on parental skills	26.3	17.2	5.1	19.2	23.1	.0
Counseling/training about child development	21.2	11.1	5.1	15.4	11.5	3.8
Family counseling/therapy	29.3	9.1	5.1	30.8	26.9	3.8
Individual counseling for child	28.3	20.2	13.1	23.1	26.9	15.4
Vocational rehabilitation counseling for child	4.0	1.0	2.0	.0	.0	3.8
Drug/alcohol services for child	3.0	1.0	3.0	.0	.0	11.5
Psychological evaluation for child	28.3	21.2	5.1	19.2	15.4	15.4
<b>Crisis Services</b>						
Out-of-home emergency placement for child	5.1	1.0	4.0	.0	11.5	3.8
Foster/group/residential placement	5.1	2.0	4.0	3.8	3.8	7.7

**Table 6—Continued**

Psychiatric hospitalization for child	7.1	5.1	7.1	3.8	11.5	11.5
<b>Educational Services</b>						
Educational assessment	32.3	16.2	4.0	15.4	23.1	11.5
Special education curriculum	31.3	11.1	6.1	11.5	19.2	11.5
Tutoring	13.1	5.1	3.0	7.7	7.7	3.8
Speech therapy	23.2	8.1	3.0	11.5	11.5	11.5
<b>Legal services</b>						
Lawyer for adoption	43.4	7.1	2.0	11.5	7.7	19.2
<b>Research About Adoption</b>						
Books/articles on adoptive issues for parents	38.4	11.1	4.0	38.5	26.9	3.8
<b>Informal Support Services</b>						
Spouse/partner support	49.5	7.1	1.0	42.3	11.5	3.8
Church or religious support	34.3	15.2	1.0	23.1	3.8	11.5
Extended Family support	44.4	12.1	4.0	26.9	26.9	3.8
Friends and/or neighbors support	49.5	18.2	2.0	23.1	26.9	3.8
Community/neighborhood support	21.2	16.2	3.0	7.7	11.5	11.5
<b>Other</b>						
Other	8.1	1.0	1.0	3.8	.0	3.8

Differences were observed in all three items of supports categorized as *social work services* (*social worker or other professional, background information about child, openad meetings for parents with child's previous foster parents*); parents with experience again

rated them as higher than parents without experience. Both supports categorized as *financial services (adoption financial subsidy and other financial supports for child)* were observed as different; parents with experience reported greater helpfulness. One *clinical service (family counseling/therapy)* was observed to have a 15% or over difference; in this case, parents without experience rated this as more helpful than parents with experience. The only service categorized as a *legal service (lawyer for adoption)* was different based on parent experience; parents with experience reported higher helpfulness. The one support categorized as *research about adoption (books/articles on adoptive issues for parents)* was observed to be different between the parents based on experience; this is another support that parents without experience reported as more helpful. In addition, three supports of the *informal support services (church or religious support, friends and/or neighbors support, and community/neighborhood support)* were all observed to be different based on experience of parents; parents with experience rated these as more helpful.

Overall, supports were rated as *not helpful* by fewer than 15% of parents both with and without experience. The exceptions to this were *background information about child, individual counseling for child, lawyer for adoption, and psychological evaluation for child*. These four exceptions were rated *not helpful* by more than 15% by parents without experience.

### ***Differences between Adopted Children with Different Types of Special Needs***

Another central area of interest in this study was examining supports in relation to the special needs that adopted children were reported to have. These observations are

made independently of the comparisons between families with foster care/adoptive experience to those without experience. In this section, the same population divided by adoptive child special needs reported by parents, and the most notable observed relationships between types of difficulties/disabilities in terms of use, need, availability, and helpfulness of services/supports are reported. It is important to note that some parents indicated that their adopted children were diagnosed with both types of issues – physical/developmental disabilities and behavioral/emotional disabilities/difficulties. Therefore, adoptive families were divided into one of three categories to examine social supports: (a) parents who reported having children with physical/developmental disabilities only ( $n = 25$ ), (b) families who reported having children with emotional/behavioral disabilities/difficulties only ( $n = 26$ ), and (c) parents who reported having an adopted child with both types of special needs ( $n = 55$ ). For the purposes of this section, differences of 15% or more are reported.

***Supports available.*** The top supports reported available by parents who had adopted children with physical/developmental disabilities (in descending order) were *adoption financial subsidy* (68.0%), *dental care* (68.0%), *routine medical care for child* (68.0%), *background information about child* (60.0%), and *support group for parents* (60.0%). The top five supports reported available by parents who had adopted children with behavioral/emotional disabilities/difficulties (in descending order) were *individual counseling for child* (73.1%), *adoption financial subsidy* (69.2%), *dental care* (69.2%), *routine medical care for child* (69.2%), and *books/articles on adoptive issues for parents* (65.4%). The top supports reported available by parents who had adopted children with

both types of special needs were (in descending order) *routine medical care for child* (67.3%), *individual counseling for child* (65.5%), *adoption financial subsidy* (61.8%), *psychological evaluation for child* (61.8%), *dental care* (60.0%), and *special education curriculum* (60.0%).

The interaction between parents' reports about types of child's special needs and supports available were analyzed using crosstabulation. Table 7 lists categories, supports, and their percentages.

**Table 7. Child Disability/Difficulty and Percentages of Reported Support Availability**

<b>Supports Available</b>	<b>Physical/ Developmental Disability Only (<u>n</u> = 25)</b>	<b>Behavioral/ Emotional Disability/ Difficulty Only (<u>n</u> = 26)</b>	<b>Both (<u>n</u> = 55)</b>
<b>Respite Services</b>			
Babysitting	40.0	30.8	27.3
Respite care	44.0	42.3	45.5
Day care	28.0	34.6	34.5
Housekeeper	.0	11.5	12.7
<b>Medical Services</b>			
Home health/nursing	28.0	3.8	14.5
Physical or occupational therapy	40.0	30.8	49.1
Routine medical care for child	68.0	69.2	67.3
Medical care for child's disability	52.0	30.8	50.9
Dental care	68.0	69.2	60.0
<b>Formal Support Services</b>			
Mentor/coach for parents	28.0	7.7	9.1
Support group for parents	60.0	46.2	50.9
Support group for child	36.0	11.5	16.4
Time with other adoptive parents for parents	52.0	34.6	32.7
Time for child with other adopted child	24.0	15.4	18.2

**Table 7—Continued**

<b>Social Work Services</b>			
Social worker or other professional	56.0	30.8	34.5
Background information about child	60.0	53.8	49.1
Meetings for parents with child's previous foster parents	32.0	42.3	23.6
<b>Financial Services</b>			
Adoption financial subsidy	72.0	69.2	61.8
Other financial supports for child	40.0	19.2	32.7
<b>Clinical Services</b>			
Counseling on adoption issues for parents	32.0	34.6	30.9
Counseling/training on parental skills	40.0	38.5	40.0
Counseling/training about child development	36.0	23.1	34.5
Family counseling/therapy	44.0	53.8	45.5
Individual counseling for child	40.0	73.1	65.5
Vocational rehabilitation counseling for child	20.0	3.8	23.6
Drug/alcohol services for child	20.0	15.4	25.5
Psychological evaluation for child	44.0	57.7	61.8
<b>Crisis Services</b>			
Out-of-home emergency placement for child	20.0	19.2	18.2
Foster/group/residential placement	20.0	19.2	21.8
Psychiatric hospitalization for child	16.0	23.1	41.8
<b>Educational Services</b>			
Educational assessment	56.0	38.5	56.4
Special education curriculum	44.0	42.3	60.0
Tutoring	24.0	19.2	23.6
Speech therapy	48.0	19.2	43.6
<b>Legal services</b>			
Lawyer for adoption	52.0	42.3	41.8
<b>Research About Adoption</b>			
Books/articles on adoptive issues for parents	56.0	65.4	43.6



**Table 7—Continued**

<b>Informal Support Services</b>			
Spouse/partner support	56.0	57.7	43.6
Church or religious support	44.0	38.5	41.8
Extended Family support	56.0	57.7	41.8
Friends and/or neighbors support	68.0	53.8	50.9
Community/neighborhood support	32.0	23.1	27.3
<b>Other</b>			
Other	16.0	3.8	7.3

Differences of 15% or more were found. Three supports categorized as *medical services* (*home health/nursing, physical or occupational therapy, and medical care for child's disability*) were found to be different. Those who had adopted children with physical/developmental disabilities reported higher availability than those with emotional/behavioral disabilities/difficulties for *home health/nursing* and *medical care for child's disability*. Those who reported children having both types of disabilities reported higher availability than those families who reported emotional/behavioral disabilities/difficulties in both *physical or occupational therapy* and *medical care for child's disability*. There also were differences in *formal support services* (*mentor/coach for parents, support group for child, and time with other adoptive parents for parents*). Parents who reported having adopted children with physical/developmental disabilities reported higher availability of all three of these supports than parents who adopted children with behavioral/emotional disabilities/difficulties *and* parents who reported children with both types of special needs. Two services categorized as *social work services* (*social worker or other professional and meetings for parents with child's previous foster parents*) were found to be different. Parents with children with

physical/developmental disabilities reported higher availability of the *social worker or other professional* than parents who reported adopted children with behavioral/emotional disabilities/difficulties *and* those who reported children with both. Parents who had adopted children with emotional/behavioral disabilities/difficulties reported higher availability of *meetings for parents with child's previous foster parents* than those parents who had adopted children with both. One service categorized as *financial services (other financial supports for child)* was found to have a difference; parents of children with physical/developmental disabilities reported greater availability than parents of children with behavioral/emotional disabilities/difficulties.

Three services categorized as *clinical services (individual counseling for child, vocational rehabilitation counseling for child, and psychological evaluation for child)* were found to have differences of 15% or more among families. Those with children with behavioral/emotional disabilities/difficulties *and* those with children with both reported higher availability of *individual counseling for child*. In contrast, parents with children with diagnosed physical/developmental disabilities *and* those with children diagnosed with both needs reported higher availability of *vocational rehabilitation for child*. Those who reported having children with both types of special needs reported higher availability of *psychological evaluation for child* than parents who reported having children with physical/developmental disabilities. Only one *crisis service* was found to have differences; parents who had children with both types of special needs reported higher availability of *psychiatric hospitalization for child* than parents who reported children with either type of special needs only. Three out of four *educational services* were found

to have differences (*educational assessment*, *special education curriculum*, and *speech therapy*). Parents with children with emotional/behavioral disabilities/difficulties reported lower availability of *educational assessment* and *speech therapy* than parents with children with physical/developmental disabilities *or* those with children with both types of special needs. Parents who reported children with both types of special needs reported higher availability of *special education curriculum* than parents who reported children with either of the types of special needs only.

The one service categorized as *research about adoption (books/articles on adoptive issues for parents)* had a 15% or more difference, with parents who adopted children with emotional/behavioral disabilities/difficulties reporting higher availability than parents who reported children with both types of special needs. Lastly, one support categorized as an *informal support service (friends and/or neighbors support)* was found to have a 15% or more difference, with parents who had adopted children with physical/developmental differences reporting greater availability than parents who had adopted children with both types of special needs.

The rest of the categories – *respite services*, *legal services*, and *other services* – all appeared to be relatively similar (less than 15% difference) among adoptive parents.

***Supports used.*** The top five supports reported used by parents who had adopted children with physical/developmental disabilities (in descending order) were *dental care* (85.0%), *adoption financial subsidy* (80.0%), *background information about child* (76.0%), *educational assessment* (72.0%), and *friends and/or neighbors support* (72.0%). The top five supports reported used by parents who had adopted children with

emotional/behavioral disabilities/difficulties (in descending order) were *routine medical care for child* (76.9%), *adoption financial subsidy* (69.2%), *individual counseling for child* (65.4%), *books/articles on adoptive issues for parents* (61.5%), and *dental care* (61.5%). The top supports reported available by parents who had adopted children with both types of special needs were (in descending order) *routine medical care for child* (76.4%), *adoption financial subsidy* (72.7%), *individual counseling for child* (72.7%), *dental care* (69.1%), and *psychological evaluation for child* (67.3%).

The interaction between parents' reports about types of child's special needs and supports used were analyzed using crosstabulation. A large number of supports were found to have differences of 15% or more among families. Table 8 lists categories, supports, and their percentages.

**Table 8. Child Disability/Difficulty and Percentages of Reported Support Use**

<b>Supports Used</b>	<b>Physical/ Developmental Disability Only (<u>n</u> = 25)</b>	<b>Behavioral/ Emotional Disability/ Difficulty Only (<u>n</u> = 26)</b>	<b>Both (<u>n</u> = 55)</b>
<b>Respite Services</b>			
Babysitting	28.0	23.1	25.5
Respite care	32.0	38.5	25.5
Day care	36.0	26.9	23.6
Housekeeper	4.0	11.5	7.3
<b>Medical Services</b>			
Home health/nursing	.0	.0	9.1
Physical or occupational therapy	44.0	19.2	41.8
Routine medical care for child	76.0	76.9	76.4
Medical care for child's disability	56.0	30.8	49.1
Dental care	84.0	61.5	69.1

**Table 8—Continued**

<b>Formal Support Services</b>			
Mentor/coach for parents	16.0	3.8	5.5
Support group for parents	48.0	42.3	43.6
Support group for child	16.0	15.4	9.1
Time with other adoptive parents for parents	48.0	23.1	30.9
Time for child with other adopted child	24.0	11.5	16.4
<b>Social Work Services</b>			
Social worker or other professional	48.0	38.5	32.7
Background information about child	76.0	50.0	50.9
Meetings for parents with child's previous foster parents	28.0	26.9	25.5
<b>Financial Services</b>			
Adoption financial subsidy	80.0	69.2	72.7
Other financial supports for child	44.0	11.5	25.5
<b>Clinical Services</b>			
Counseling on adoption issues for parents	20.0	30.8	29.1
Counseling/training on parental skills	32.0	38.5	41.8
Counseling/training about child development	28.0	23.1	34.5
Family counseling/therapy	28.0	50.0	43.6
Individual counseling for child	20.0	65.4	72.7
Vocational rehabilitation counseling for child	8.0	.0	7.3
Drug/alcohol services for child	.0	3.8	3.6
Psychological evaluation for child	28.0	53.8	67.3
<b>Crisis Services</b>			
Out-of-home emergency placement for child	.0	7.7	3.6
Foster/group/residential placement	.0	19.2	7.3
Psychiatric hospitalization for child	.0	26.9	21.8

**Table 8—Continued**

<b>Educational Services</b>			
Educational assessment	72.0	34.6	58.2
Special education curriculum	44.0	30.8	60.0
Tutoring	12.0	11.5	16.4
Speech therapy	56.0	15.4	38.2
<b>Legal services</b>			
Lawyer for adoption	60.0	38.5	41.8
<b>Research About Adoption</b>			
Books/articles on adoptive issues for parents	52.0	61.5	50.9
<b>Informal Support Services</b>			
Spouse/partner support	60.0	50.0	50.9
Church or religious support	40.0	34.6	41.8
Extended Family support	64.0	46.2	43.6
Friends and/or neighbors support	72.0	42.3	49.1
Community/neighborhood support	36.0	15.4	25.5
<b>Other</b>			
Other	16.0	3.8	7.3

Differences were found among three supports categorized as *medical services* (*physical or occupational therapy, medical care for child's disability, and dental care*). Parents who reported having adopted children with behavioral/emotional disabilities/difficulties reported lower use of both *physical or occupational therapy* and *medical care for child's disability* than parents who had adopted children with physical/developmental disabilities *and* parents who had adopted children with both types of support. Parents who had adopted children with physical/developmental disabilities reported higher use of *dental care* than parents who had adopted children with emotional/behavioral disabilities/difficulties and parents who had adopted children with both types of disabilities. One support categorized as a *formal support service* (*time with*

*other adoptive parents for parents*) was found to have 15% difference or more with those parents who had adopted children with physical/developmental disabilities reporting higher use than those who had adopted children with behavioral/emotional disabilities/difficulties *and* those who had adopted children with both. Two supports categorized as *social work services (social worker or other professional and background information about child)* were found to have differences. Parents who had adopted children with physical/developmental disabilities reported higher use of *social worker or other professional* than parents who had adopted children with both types of special needs, and they reported higher use of *background information about child* than parents with children with behavioral/emotional disabilities/difficulties *and* parents with children who have both.

One support categorized as a *financial service (other financial supports for child)*, was observed to have more than a 15% difference in use reported by adoptive parents; parents with children with physical/developmental disabilities reported higher use than parents with children with emotional/behavioral disabilities/difficulties *and* parents with children with both. Three supports categorized as *clinical services (family counseling/therapy, individual counseling for child, and psychological evaluation for child)* were observed to have over a 15% difference among families. Families who adopted children with emotional/behavioral disabilities/difficulties reported higher use of *family counseling/therapy* than parents who had adopted children with physical/developmental disabilities. Parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with

both types reported higher use of *individual counseling for child* and *psychological evaluation for child* than parents who had adopted children with physical/developmental disabilities/difficulties. Two supports categorized as *crisis services* (*foster/group/residential placement* and *psychiatric hospitalization for child*) were found to have differences. Parents of children with emotional/behavioral disabilities/difficulties reported higher use of *foster/group/residential placement* than parents who had adopted children with physical/developmental disabilities; parents of children with emotional/behavioral disabilities/difficulties *and* parents of children with both types of special needs reported higher use of *psychiatric hospitalization for child* than parents who had adopted children with physical/developmental disabilities.

Three supports categorized as *educational services* (*educational assessment*, *special education curriculum*, and *speech therapy*) were observed to have a difference of 15% or more. Parents who had adopted children with physical/developmental disabilities *and* parents who had adopted children with both types of special needs reported higher use of educational assessment than parents who had adopted children with emotional/behavioral disabilities/difficulties. Parents who had adopted children with both types of special needs reported higher use of special education curriculum than parents who had adopted children with only physical/developmental disabilities *and* parents who had adopted children with emotional/behavioral disabilities/difficulties. Parents who adopted children with physical/developmental disabilities reported higher use of *speech therapy* than parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with both; in addition,



parents who had adopted children with both types of special needs reported higher use than parents who had adopted children with emotional/behavioral disabilities/difficulties. The one service categorized as *legal services (lawyer for adoption)* was found to have differences, with parents who adopted children with physical/developmental disabilities/difficulties reporting higher use than parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with both. Three supports categorized as *informal support services (extended family support, friends and/or neighbors support and community/neighborhood support)* were found to have 15% or greater differences among families. Parents who had adopted children with physical/developmental disabilities reported higher use of *extended family support* and *friends and/or neighbor support* than parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with both types of special needs. Parents who adopted children with physical/developmental disabilities reported higher use of community/neighborhood support than parents who had adopted children with behavioral/emotional disabilities/difficulties.

Parents with children with physical/developmental disabilities reported greater use of 22 out of 42 supports. The rest of the categories, including *respite services*, *research about adoption*, and *other services*, were relatively similar (less than 15% difference) across category of special needs.

***Supports needed.*** The top five supports reported needed by parents who had adopted children with physical/developmental disabilities (in descending order) were *adoption financial subsidy* (68.0%), *dental care* (68.0%), *background information about*

*child* (64.0%), *babysitting* (60.0%), and *friends and/or neighbors support* (60.0%). The top supports reported needed by parents who had adopted children with emotional/behavioral disabilities/difficulties (in descending order) were *counseling on adoption issues for parents* (80.8%), *family counseling/therapy* (80.8%), *individual counseling for child* (80.8%), *adoption financial subsidy* (76.9%), *books/articles on adoptive issues for parents* (76.9%), and *support groups for parents* (76.9%). The top supports reported needed by parents who had adopted children with both types of special needs were (in descending order) *extended family support* (74.5%), *psychological evaluation for child* (74.5%), *educational assessment* (72.7%), *friends and/or neighbors support* (72.7%), and *individual counseling for child* (72.7%).

Parents of children with emotional/behavioral disabilities/difficulties reported higher need for the majority of supports (26 out of 42) with parents having children with both reporting highest need for most of the rest (15 out of 42). The interaction between parents' reports about types of child's special needs and supports needed were analyzed using crosstabulation. Table 9 lists categories, supports, and their percentages.

Differences were found in three supports categorized as *respite services* (*respite care*, *day care*, and *housekeeper*). Parents with adopted children with behavioral/emotional disabilities/difficulties *and* parents with children with both types of special needs reported higher need of *respite care*. Parents of children with both types of special needs reported higher need of *day care* than parents who adopted children with physical/developmental disabilities only.

**Table 9. Child Disability/Difficulty and Percentages of Reported Support Needs**

<b>Supports Needed</b>	<b>Physical/ Developmental Disability Only (<i>n</i> = 25)</b>	<b>Behavioral/ Emotional Disability/ Difficulty Only (<i>n</i> = 26)</b>	<b>Both (<i>n</i> = 55)</b>
<b>Respite Services</b>			
Babysitting	60.0	69.2	56.4
Respite care	36.0	69.2	61.8
Day care	28.0	42.3	52.7
Housekeeper	24.0	50.0	38.2
<b>Medical Services</b>			
Home health/nursing	4.0	7.7	5.5
Physical or occupational therapy	28.0	23.1	43.6
Routine medical care for child	64.0	69.2	63.6
Medical care for child's disability	48.0	38.5	54.5
Dental care	68.0	76.9	65.5
<b>Formal Support Services</b>			
Mentor/coach for parents	12.0	69.2	38.2
Support group for parents	48.0	76.9	67.3
Support group for child	24.0	73.1	45.5
Time with other adoptive parents for parents	44.0	84.6	63.6
Time for child with other adopted child	20.0	69.2	49.1
<b>Social Work Services</b>			
Social worker or other professional	48.0	65.4	65.5
Background information about child	64.0	76.9	74.5
Meetings for parents with child's previous foster parents	20.0	53.8	21.8
<b>Financial Services</b>			
Adoption financial subsidy	68.0	76.9	65.5
Other financial supports for child	36.0	38.5	43.6
<b>Clinical Services</b>			
Counseling on adoption issues for parents	40.0	80.8	63.6
Counseling/training on parental skills	20.0	69.2	60.0
Counseling/training about child development	20.0	53.8	47.3
Family counseling/therapy	24.0	80.8	61.8

**Table 9—Continued**

Individual counseling for child	36.0	80.8	72.7
Vocational rehabilitation counseling for child	8.0	11.5	21.8
Drug/alcohol services for child	.0	11.5	10.9
Psychological evaluation for child	28.0	73.1	74.5
<b>Crisis Services</b>			
Out-of-home emergency placement for child	.0	26.9	23.6
Foster/group/residential placement	.0	26.9	23.6
Psychiatric hospitalization for child	.0	30.8	30.9
<b>Educational Services</b>			
Educational assessment	52.0	50.0	72.7
Special education curriculum	32.0	34.6	60.0
Tutoring	36.0	42.3	49.1
Speech therapy	36.0	11.5	38.2
<b>Legal services</b>			
Lawyer for adoption	56.0	50.0	43.6
<b>Research About Adoption</b>			
Books/articles on adoptive issues for parents	40.0	76.9	52.7
<b>Informal Support Services</b>			
Spouse/partner support	48.0	69.2	67.3
Church or religious support	28.0	65.4	65.5
Extended family support	52.0	73.1	74.5
Friends and/or neighbors support	60.0	73.1	72.7
Community/neighborhood support	36.0	50.0	60.0
<b>Other</b>			
Other	16.0	15.4	18.2

Parents of children with behavioral/emotional disabilities/difficulties reported higher need of a *housekeeper* than parents of children with physical/developmental disabilities.

Two supports categorized as *medical services (physical or occupational therapy and medical care for child's disability)* were found to have differences. Parents who had adopted children with both types of special needs reported higher need of *physical or occupational therapy* than parents of children with either type of special needs only;

parents who had adopted children with both also reported higher need of *medical care for child's disability* than parents who had adopted children with behavioral/emotional disabilities/difficulties.

Differences were found in all *formal support services* (*mentor/coach for parents, support group for parents, support group for child, time with other adoptive parents for parents and time for child with other adopted child*). Parents with children with emotional behavioral disabilities/difficulties reported higher need for four of the services (*mentor/coach for parents, support group for child, time with other adoptive parents for parents and time for child with other adopted child*) than parents who had adopted children with both types of special needs, who in turn reported higher need for the same four supports than parents who had adopted children with physical/developmental disabilities/difficulties. The last support (*support group for parents*) was reported with higher need by parents who had adopted children with behavioral/emotional disabilities/difficulties *and* parents who had adopted children with both than parents who had adopted children with physical/developmental disabilities only. Two supports categorized as *social work services* (*social worker or other professional and meetings for parents with child's previous foster parents*) were observed to have differences of 15% or more. Parents who had adopted children with behavioral/emotional disabilities/difficulties *and* parents who had adopted children with both reported higher need of *social worker or other professional* than those parents who had adopted children with physical/developmental disabilities only. Parents of children with behavioral/emotional disabilities/difficulties also reported higher need for *meetings with*

*parents of child's previous foster parents* than parents of children with physical/developmental disabilities *and* parents of children with both.

Six supports out of eight categorized as *clinical services* were observed to have differences of 15% or more (*counseling on adoption issues for parents, counseling/training on parental skills, counseling/training about child development, family counseling/therapy, individual counseling for child, and psychological evaluation for child*). For four of these services (*counseling/training on parental skills, counseling/training about child development, individual counseling for child, and psychological evaluation for child*), parents with emotional/behavioral disabilities/difficulties *and* parents of children with both types of special needs reported higher need than parents with children with physical/developmental disabilities. Parents of children who had adopted children with behavioral/emotional disabilities/difficulties reported higher need of the other two services (*counseling on adoption issues for parents and family counseling/therapy*) than parents of children with both types of special needs, who in turn reported higher need of both services than parents with children with physical/developmental disabilities.

Differences were found in all three services categorized as *crisis services* (*out-of-home emergency placement for child, foster/group/residential placement, and psychiatric hospitalization for child*); for all three services, parents of children with emotional/behavioral disabilities/difficulties and parents of children with both types of difficulties reported higher need for these services than parents of children with physical/developmental disabilities only. Differences were found in all four services

categorized as *educational services* (*educational assessment, special education curriculum, tutoring, and speech therapy*) among the families. Parents of children with both types of special needs reported higher need of two of the services (*educational assessment and special education curriculum*) than parents of children with either type of special needs alone and reported higher need of a third service (*tutoring*) than parents who adopted children with physical/developmental disabilities/difficulties. Parents of children with physical/developmental disabilities *and* parents of children with both types of special needs reported higher need of the fourth support (*speech therapy*) than parents of children with emotional/behavioral disabilities/difficulties.

Parents who had adopted children with emotional disabilities/difficulties reported higher need of the only support categorized as *research about adoption* (*books/articles on adoptive issues for parents*) than parents who had adopted children with physical/developmental disabilities *and* parents who had adopted children with both. Lastly, differences were found in four of five supports categorized as *informal support services* (*spouse/partner support, church or religious support, extended family support, and community/neighborhood support*). Parents of children with emotional/behavioral supports and parents of children with both reported higher need of three of the services (*spouse/partner support, church or religious support, and extended family support*). In addition, parents of children with both types of special needs reported higher need for *community neighborhood support* than parents of children with physical/developmental disabilities.

Overall, those supports categorized as *financial services*, *legal services*, and *other services* appeared to be relatively similar (less than 15% difference) across category of special needs.

***Support helpfulness.*** The top supports reported *very helpful* and *helpful* (these responses were added together) by parents with children who had physical/developmental disabilities were (in descending order) *dental care* (84.0%), *adoption financial subsidy* (80.0%), *routine medical care for child* (80.0%), *friends and/or neighbors support* (76.0%), *extended family support* (64.0%) and *spouse/partner support* (64.0%). The top five supports reported *very helpful* and *helpful* by parents who had adopted children with developmental/emotional disabilities/difficulties (in descending order) were *adoption financial subsidy* (76.9%), *routine medical for child* (73.0%), *dental care* (61.5%), *books/articles on adoptive issues for parents* (57.7%), and *friends and/or neighbors support* (57.7%). The top five supports reported *very helpful* and *helpful* by parents who had adopted children with both types of disabilities were (in descending order) *adoption financial subsidy* (78.2%), *routine medical care for child* (76.3%), *dental care* (67.2%), *psychological evaluation for child* (65.5%), and *friends and/or neighbors support* (63.6%). Four of the services reported *helpful* and *very helpful* by parents were the same among the three groups of parents. The ones that were different were *books/articles on adoptive issues for parents*, *extended family support*, *individual counseling for child*, *psychological evaluation for child*, and *spouse/partner support*.

The top supports reported *not helpful* by parents who had children with physical/developmental disabilities were (in descending order) *babysitting* (8.0%), *lawyer*



*for adoption* (8.0%), and *meetings for parents with child's previous foster parents* (8.0%). The rest of the supports reported *not helpful* were the same percentage (4.0%).

The top supports reported *not helpful* by parents who had adopted children with developmental/emotional disabilities/difficulties (in descending order) were *individual counseling for child* (30.8%), *background information about child* (19.2%), *educational assessment* (15.4%), *dental care* (11.5%), *psychological evaluation for child* (11.5%), and *special education curriculum* (11.5%). The top supports reported *not helpful* by parents who had children with both types of disabilities were (in descending order) *individual counseling for child* (18.2%), *psychiatric hospitalization for child* (12.7%), *respite care* (12.7%), *background information about child* (10.9%), *social worker or other professional* (10.9%), *special education curriculum* (10.9%), and *support group for parents* (10.9%).

The interaction between parents' reports about types of the child's special needs and support helpfulness were analyzed using crosstabulation. Percentages for supports rated as *very helpful* were combined with supports rated as *helpful* and comparisons were made between parents based on their reports of special needs of their adopted children so that all supports rated as helpful could be compared. Table 10 lists categories, supports, and their percentages.

A 15% difference in helpfulness between parents was evident in three supports categorized as *medical services* (*physical or occupational therapy, medical care for child's disability, and dental care*).

**Table 10. Child Disability/Difficulty and Percentages of Reported Support Helpfulness**

Support Helpfulness	Physical/ Developmental Disability ( <u>n</u> = 25)			Behavioral/ Emotional Disability/Difficulty ( <u>n</u> = 26)			Both ( <u>n</u> = 55)		
	VH	H	NH	VH	H	NH	VH	H	NH
<b>Respite Services</b>									
Babysitting	28.0	4.0	8.0	15.4	7.7	.0	12.7	14.5	5.5
Respite care	36.0	.0	4.0	19.2	15.4	.0	14.5	9.1	12.7
Day care	32.0	.0	4.0	26.9	3.8	.0	18.2	7.3	5.5
Housekeeper	.0	.0	4.0	11.5	.0	.0	5.5	.0	5.5
<b>Medical Services</b>									
Home health/ nursing	.0	.0	4.0	3.8	.0	.0	5.5	3.6	1.8
Physical or occupational therapy	32.0	8.0	4.0	7.7	15.4	.0	21.8	18.2	7.3
Routine medical care for child	76.0	4.0	.0	53.8	19.2	7.7	63.6	12.7	3.6
Medical care for child's disability	52.0	8.0	.0	23.1	7.7	3.8	32.7	20.0	.0
Dental care	80.0	4.0	4.0	53.8	7.7	11.5	52.7	14.5	1.8
<b>Formal Support Services</b>									
Mentor/ coach for parents	8.0	4.0	4.0	3.8	.0	3.8	5.5	1.8	3.6
Support group for parents	44.0	.0	.0	26.9	.0	3.8	30.9	.0	10.9
Support group for child	12.0	4.0	.0	7.7	7.7	.0	9.1	.0	5.5
Time with other adoptive parents for parents	44.0	.0	.0	19.2	.0	3.8	30.9	10.9	.0
Time for child with other adopted child	12.0	8.0	4.0	3.8	7.7	3.8	9.1	9.1	3.6
<b>Social Work Services</b>									
Social worker or other professional	32.0	12.0	.0	19.2	15.4	7.7	21.8	12.7	10.9
Background information about child	52.0	16.0	4.0	23.1	23.1	19.2	30.9	18.2	10.9
Meetings for parents with child's previous foster parents	16.0	4.0	8.0	26.9	7.7	3.8	18.2	10.9	7.3
<b>Financial Services</b>									
Adoption financial subsidy	80.0	.0	.0	61.5	15.4	.0	61.8	16.4	.0
Other financial supports for child	40.0	.0	.0	19.2	3.8	3.8	21.8	5.5	5.5
<b>Clinical Services</b>									
Counseling on adoption issues for parents	20.0	.0	.0	23.1	7.7	3.8	21.8	9.1	3.6
Counseling/ training on parental skills	24.0	4.0	.0	15.4	26.9	7.7	23.6	21.8	3.6

Table 10—Continued

Counseling/ training about child development	20.0	4.0	.0	11.5	11.5	7.7	20.0	14.5	5.5
Family counseling/ therapy	16.0	8.0	4.0	30.8	23.1	3.8	34.5	14.5	5.5
Individual counseling for child	16.0	4.0	4.0	30.8	30.8	15.4	32.7	29.1	18.2
Vocational rehabilitation counseling for child	4.0	.0	.0	3.8	.0	.0	3.6	1.8	5.5
Drug/alcohol services for child	.0	.0	4.0	7.7	3.8	.0	1.8	.0	7.3
Psychological evaluation for child	8.0	12.0	4.0	30.8	23.1	11.5	38.2	27.3	7.3
<b>Crisis Services</b>									
Out-of-home emergency placement for child	.0	.0	4.0	7.7	3.8	3.8	5.5	5.5	3.6
Foster/group/ residential placement	.0	.0	4.0	7.7	7.7	3.8	7.3	1.8	5.5
Psychiatric hospitalization for child	.0	.0	4.0	19.2	7.7	3.8	5.5	10.9	12.7
<b>Educational Services</b>									
Educational assessment	52.0	12.0	.0	23.1	.0	15.4	27.3	32.7	3.6
Special education curriculum	36.0	.0	.0	23.1	7.7	11.5	32.7	23.6	10.9
Tutoring	4.0	8.0	.0	11.5	.0	3.8	16.4	7.3	3.6
Speech therapy	36.0	8.0	.0	11.5	3.8	3.8	25.5	14.5	7.3
<b>Legal services</b>									
Lawyer for adoption	52.0	4.0	8.0	30.8	7.7	7.7	29.1	10.9	5.5
<b>Research About Adoption</b>									
Books/articles on adoptive issues for parents	36.0	16.0	4.0	46.2	11.5	7.7	34.5	18.2	1.8
<b>Informal Support Services</b>									
Spouse/partner support	60.0	4.0	.0	50.0	3.8	3.8	43.6	14.5	1.8
Church or religious support	32.0	8.0	.0	34.6	3.8	7.7	29.1	21.8	3.6
Extended Family support	56.0	8.0	.0	38.5	15.4	3.8	34.5	21.8	7.3
Friends and/or neighbors support	64.0	12.0	.0	38.5	19.2	.0	34.5	29.1	5.5
Community/ neighborhood support	32.0	8.0	.0	15.4	7.7	3.8	12.7	21.8	9.1
<b>Other</b>									
Other	16.0	.0	.0	.0	3.8	.0	9.1	.0	1.8

Note: VH = Very Helpful; H = Helpful; NH = Not Helpful

Parents who reported having children with physical/developmental disabilities *and* parents who reported having children with both types of disabilities reported a higher level of helpfulness of *physical or occupational therapy* and *medical care for child's disability* than parents who reported having children with behavioral/emotional disabilities/difficulties only; parents with children with physical/developmental disabilities also reported a higher level of helpfulness than the other two categories of parents. Differences were also found in two supports categorized as *formal supports services* (*support group for parents* and *time with other adoptive parents for parents*). Parents with children with physical/developmental disabilities/difficulties reported higher helpfulness of *support group for parents* than parents of children with emotional/behavioral disabilities/difficulties; parents with children who had physical/developmental disabilities *and* parents with had children with both types of disabilities/difficulties reported higher helpfulness of *time with other adoptive parents for parents* than parents who had adopted children with emotional/behavioral disabilities/difficulties. Differences were found in one *social work service* (*background information about child*); parents of children with physical/developmental disabilities reported a higher level of helpfulness than parents in the other two categories.

Differences were found in both supports categorized as *financial services* (*adoption financial subsidy* and *other financial supports for child*); parents who adopted children with physical/developmental disabilities reported greater helpfulness for both supports than parents in the other two categories. Differences of 15% were also found in four supports categorized as *clinical services* (*counseling/training on parental skills*,

*family counseling/therapy, individual counseling for child, and psychological evaluation for child*); parents who adopted children with both types of special needs reported a higher level of helpfulness for *counseling/training on parental skills* than parents who had adopted a child with physical/developmental disabilities. Parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with both reported a greater degree of helpfulness of *family counseling/therapy* than parents who had adopted children with physical/developmental disabilities/difficulties. Parents of children with emotional/behavioral disabilities/difficulties *and* parents of children with both types of support reported a higher level of helpfulness of *individual counseling for child* than parents with children who had physical/developmental disabilities/difficulties. The other supports, *psychological evaluation for child*, were reported by parents of children with emotional/behavioral disabilities/difficulties *and* parents of children with both types of special needs as more helpful than parents of children with physical/developmental disabilities/difficulties.

Three supports categorized as *educational services* (*educational assessment, special education curriculum, and speech therapy*) were found to have differences. Parents who reported adopting children with physical/developmental disabilities reported higher levels of helpfulness for *educational assessment* than parents who had adopted children with both types of special needs; these parents in turn reported higher helpfulness than parents who had adopted children with emotional/behavioral disabilities/difficulties. Parents of children with physical/developmental disabilities and parents of children with both types of disabilities reported higher levels of helpfulness of

*speech therapy* than parents who had adopted children with emotional/behavioral disabilities/difficulties. Parents who had reported adopting children with both types of special needs reported higher levels of helpfulness of *special education curriculum* than parents who had adopted children with either type of special needs only. The only support categorized as *legal services (lawyer for adoption)* was found to be different; parents who had adopted children with physical/developmental disabilities reported a higher level of helpfulness than parents who had adopted children with emotional/behavioral disabilities/difficulties *and* parents who had adopted children with both. Lastly, differences were found in two supports categorized as *informal support services (friends and/or neighbors support and community/neighborhood support)*; parents of children with physical/developmental disabilities reported a higher level of helpfulness for both supports than parents of children with emotional/behavioral disabilities/difficulties.

There were few categories of services without differences of 15% or more. Overall, supports categorized as *respite services, research about adoption and other services* appeared to be relatively similar (less than 15%) in reported levels of helpfulness.

### ***Family Functioning***

The last variable of interest in this study was family functioning. Family functioning was measured by the Relationship Dimensions subscale of the Family Environment Scale; this subscale includes Cohesion, Expressiveness, and Conflict. The Cohesion, Expressiveness, and Conflict raw scores can range from zero to nine; the

higher the score the more prevalent the construct being measured. Parents in this study reported a range in Cohesion scores from two through nine ( $\underline{M} = 7.71$ ;  $\underline{SD} = 1.56$ ). The range reported in Expressiveness was zero through nine ( $\underline{M} = 6.02$ ;  $\underline{SD} = 1.71$ ), and the range reported in Conflict was zero through nine ( $\underline{M} = 3.07$ ;  $\underline{SD} = 2.29$ ). Means and standard deviations for parents with and without foster and/or adoptive experience and parents who had adopted children with physical/developmental disabilities, emotional/behavioral disabilities/difficulties, and both types of special needs are reported in Table 11.

**Table 11. *FES Subscale Means and Standard Deviations for Adoptive Parents***

<b>Families</b>	<b><u>N</u></b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Overall Sample</b>			
Cohesion	119	7.71	1.56
Expressiveness	115	6.02	1.71
Conflict	120	3.07	2.29
<b>Foster/adoptive experience</b>			
Foster and/or adoptive experience			
Cohesion	93	7.74	1.54
Expressiveness	90	5.86	1.64
Conflict	95	3.13	2.42
No foster or adoptive experience			
Cohesion	26	7.58	1.68
Expressiveness	25	6.60	1.87
Conflict	25	2.84	1.75
<b>Types of adoptive child special needs</b>			
Physical/developmental disabilities and emotional/behavioral disabilities/difficulties			
Cohesion	52	7.29	1.82
Expressiveness	52	5.71	1.84
Conflict	51	3.31	2.59
Physical/developmental disabilities only			
Cohesion	24	8.33	.92

**Table 11—Continued**

Expressiveness	24	5.96	1.68
Conflict	25	2.36	1.63
Emotional/behavioral disabilities/difficulties			
Cohesion	24	7.42	1.64
Expressiveness	24	6.00	1.32
Conflict	26	4.00	2.17

### **Hypotheses/Statistical Analyses**

As discussed in Chapter III, it was the intention of the researcher to analyze responses for supports using an exploratory factor analysis followed by a cluster analysis to test hypothesized service clusters. In addition, hypotheses one through eight were to be analyzed using Chi square tests to test the relationships between foster and/or adoptive experience with the hypothesized clusters of supports and the relationship between type of special needs of adopted children and the hypothesized clusters of supports.

Hypothesis nine was to be tested by a correlation between the three subscales of the Relationship dimension of the Family Environment Scale; if the three subscales were highly correlated, then one score was to be used as a measure of family functioning for these families. Then a Chi-square test was to be used to examine the relationship between this score and use of formal and informal supports. However, due to the lack of adequate sample size, it was not possible to test the data in the original ways planned by the researcher. This survey included a list of 42 supports and services that parents were asked to respond to regarding availability, use, need and helpfulness. This created a large number of variables that could not be appropriately tested as originally planned with responses from 125 parents.



Since it was not possible to determine empirical categories or clusters, the researcher decided to alter the analyses to create substantive categories. The researcher also decided to narrow the focus to nine supports of the 42 surveyed that counselors are likely to offer directly to adoptive families. These services were incorporated into a new cluster called *counseling services* (*support group for parents, support group for child, counseling on adoption issues for parents, counseling/training on parental skills, counseling/training about child development, family counseling/therapy, individual counseling for child, vocational rehabilitation/counseling for child, and drug/alcohol services for child*). Cronbach's alpha was used to analyze the internal consistency of the new hypothesized cluster for supports available ( $\alpha = .83$ ), supports used ( $\alpha = .68$ ), supports needed ( $\alpha = .85$ ) and support helpfulness ( $\alpha = .98$ ). The rating scale for the *counseling services* cluster for supports available, used, and needed was one to nine. The rating scale for the *counseling services* cluster for support helpfulness was one to 27 (1 = not helpful; 2 = helpful; 3 = very helpful). Descriptive statistics for the scale reliabilities are reported in Table 12.

**Table 12. *Counseling Services Cluster Scale Means and Standard Deviations***

<b>Scale</b>	<b>Mean</b>	<b>Standard Deviation</b>
Supports Available	3.30	2.71
Supports Used	2.68	2.03
Supports Needed	3.93	2.78
Supports Helpfulness	20.67	8.51

In line with the original hypotheses, total scores for these *counseling services* for availability, use, need, and helpfulness were analyzed for differences by foster/adoptive

experience (foster and/or adoptive experience *or* no foster or adoptive experience) using four separate one-way ANOVAs. Only the ANOVA examining the relationship between foster/adoptive experience and the need for the *counseling services* was significant ( $F = 5.02$ ,  $df = 1/102$ ,  $p < .03$ , partial  $\eta^2 = .05$ ). Parents without experience reported higher need ( $M = 5.64$ ;  $SD = 1.93$ ) for *counseling services* than parents with foster and/or adoptive experience. Table 13 lists the results of these analyses.

**Table 13. One-Way ANOVAs for Counseling Services by Parent Experience**

<b>Counseling Supports</b>	<b><u>N</u></b>	<b><u>F</u></b>	<b>Partial Eta Squared</b>	<b>Observed Power</b>	<b><u>p</u></b>
Support Availability	96	.26	.003	.08	.61
Support Use	101	.07	.001	.06	.80
Support Need	104	5.02	.05	.60	.03
Support Helpfulness	105	1.28	.01	.20	.26

Descriptive statistics for the one-way ANOVAs are reported in Table 14.

**Table 14. Counseling Services by Parent Experience Means and Standard Deviations**

<b>Parent Experience</b>	<b>Counseling Supports</b>	<b>Mean</b>	<b>Standard Deviation</b>
Foster and/or adoptive experience	Support Availability	4.39	2.32
	Support Use	3.38	1.69
	Support Need	4.47	2.37
	Support Helpfulness	8.90	5.48
No foster or adoptive experience	Support Availability	4.10	2.13
	Support Use	3.27	1.78
	Support Need	5.64	1.93
	Support Helpfulness	7.48	4.76

Differences in the *counseling services* availability, use, need, and helpfulness by adoptive child special needs (both physical/developmental and behavioral *or* physical/developmental only *or* behavioral/emotional only) also were examined using four separate one-way ANOVAs. Only the ANOVA examining the relationship between adoptive child special needs and the need for the *counseling services* was found to be significant ( $F = 9.53$ ,  $df = 2/88$ ,  $p < .00$ , partial  $\eta^2 = .18$ ). Parents of children with emotional/behavioral disabilities/difficulties only reported highest need ( $M = 5.83$ ;  $SD = 1.90$ ) for services. Parents of children with both types of special needs ( $M = 5.15$ ;  $SD = 2.39$ ) reported the next highest need, and parents with children with physical/developmental disabilities only ( $M = 3.06$ ;  $SD = 1.47$ ) reported the least need for services. Table 15 lists the results of these analyses.

**Table 15. One-Way ANOVAs for Counseling Services by Special Needs**

<b>Counseling Supports</b>	<b>N</b>	<b>F</b>	<b>Partial Eta Squared</b>	<b>Observed Power</b>	<b><i>p</i></b>
Support Availability	81	.76	.02	.18	.47
Support Use	86	1.70	.04	.35	.19
Support Need	90	9.53	.18	.98	.00
Support Helpfulness	91	.85	.02	.20	.43

Descriptive statistics for the one-way ANOVAs are reported in Table 16.

**Table 16. *Counseling Services by Special Needs Means and Standard Deviations***

<b>Adoptive Child Special Needs</b>	<b>Counseling Supports</b>	<b>Mean</b>	<b>Standard Deviation</b>
Physical/developmental disabilities only	Support Availability	4.32	2.81
	Support Use	2.68	1.20
	Support Need	3.06	1.47
	Support Helpfulness	6.95	3.87
Emotional/behavioral disabilities/ difficulties only	Support Availability	3.71	1.52
	Support Use	3.18	1.53
	Support Need	5.83	1.90
	Support Helpfulness	8.35	5.97
Both types of special needs	Support Availability	4.46	2.35
	Support Use	3.49	1.77
	Support Need	5.15	2.39
	Support Helpfulness	8.82	5.47

Lastly, the relationship between the level of functioning of all the adoptive families as measured by the Relationship Dimensions subscale and *counseling supports* availability, use, need, and helpfulness was examined using Pearson's Product Moment Correlations. Of the correlations, two were found to be significant at the .05 level. Support availability and FES Conflict were found to be positively correlated,  $r(89) = .21$ ,  $p < .05$ . Support need and FES conflict also were found to be positively correlated,  $r(97) = .21$ ,  $p < .05$ . Correlation results are listed in Table 17.

**Table 17. *Pearson's Product Moment Correlations for Counseling Services and FES Relationship Dimensions***

Counseling Supports	Observed <i>r</i> value	<i>p</i>	<i>df</i>	Mean	Standard Deviation
Support Availability	-.002	.99	88	4.31	2.32
FES Cohesion				7.67	1.66
Support Availability	-.06	.60	84	4.31	2.30
FES Expressiveness				6.08	1.80
Support Availability	.21*	.04	89	4.34	2.32
FES Conflict				3.19	2.32
Support Use	-.02	.82	93	3.31	1.68
FES Cohesion				7.66	1.62
Support Use	.02	.82	90	3.30	1.66
FES Expressiveness				6.00	1.81
Support Use	.11	.12	95	3.35	1.72
FES Conflict				3.21	2.28
Support Need	-.14	.17	95	4.82	2.34
FES Cohesion				7.59	1.65
Support Need	.03	.77	93	4.79	2.32
FES Expressiveness				6.01	1.81
Support Need	.21*	.04	97	4.76	2.30
FES Conflict				3.09	2.33
Support Helpfulness	.14	.16	99	2.32	.62
FES Cohesion				7.64	1.60
Support Helpfulness	-.03	.80	95	2.29	.62
FES Expressiveness				5.98	1.76
Support Helpfulness	.02	.87	100	2.34	.61
FES Conflict				3.20	2.32

\* Correlation is significant at the .05 level (2-tailed).

## **CHAPTER V**

### **CONCLUSIONS**

In this chapter, conclusions and implications of results regarding adoptive family social supports, experience of parents, types of special needs of adopted children, and family environment are discussed. This chapter is divided into five sections: summary of results, suggestions for future research, discussion of limitations, implications for practice, and conclusions.

#### **Summary of Results**

The main purpose of this study was to investigate special needs adoptive families' use, need, availability, and helpfulness ratings of formal and informal supports. Comparisons were made between families with parents who reported prior foster and/or adoptive parent experience and those who did not, and among families who adopted children with physical/developmental disabilities, those who adopted children with emotional/behavioral disabilities, and those who adopted children with both types of disabilities. The relationship between family availability, use, need, and helpfulness of social supports and family environment also was examined.

Adoptions from foster care, a major source of adoptable children with special needs, are on the increase. Concerns such as questionable practices within countries, changes in adoptable family requirements, and long wait times related to international adoptions are one recent source of this increase (Koch, 2008). If special needs adoptions

are increasing, then it follows that supports for these families will become increasingly important. Better understanding of the within group differences in supports needs was a major focus of this study.

### ***Social Supports***

Previously, researchers have used a wide variety of research methods and types of social supports to investigate need, use, availability and helpfulness. Few studies have examined these in combination or related social supports to types of special needs adoptive families or how they were doing. No other study has focused specifically on services that counselors often are directly involved in and assessed these services in relation to types of special needs adoptive families.

### ***Foster Parent and/or Adoptive Experience***

This researcher examined whether adoptive parents reported prior foster care and/or adoptive experience and how this related to social supports. Approximately 72% of the parents in this study reported having foster and/or adoptive experience. The number of foster parent adoptions is getting larger yearly (Clark et al., 2006).

In this study, parents with experience reported greater availability and use of services than parents without experience and used the same top five services that they reported available. Although further analyses did not support this, perhaps parents with experience know more about how to access services in the adoptive support system, but not necessarily counseling supports per se. In one previous study of supports for adoptive families, those parents who had been foster parents to their adopted child reported *receiving* more services (Rosenthal et al., 1996).

The top supports reported needed were completely different between parents with and without experience, and parents without experience reported higher need for the vast majority of listed supports, including larger differences (over 15%) in six of the nine services re-categorized as *counseling services*, again possibly reflecting the difference that experience can make. These differences were further supported by the analyses.

Parents with experience also appeared to rate supports as more helpful, especially in those supports with a larger difference in ratings between parents (over 15%). Parents with experience may believe that they can better handle situations at home and/or may have more realistic expectations of their adopted children and their behavior. This was not supported by later analysis, which may have been affected by the fact that families both with and without experience who seek counseling supports are struggling with family issues and may rate these services more similarly to one another. Egbert and Lamont (2004) reported that those parents with foster or biological experience reported being very prepared for the adoption. In addition, other researchers have found that parents who have had foster care experience have reported better outcomes such as less incidence of disruption (e.g., McDonald et al., 1991) and higher parent-child relationship scores (e.g., Rosenthal & Groze, 1994).

Several supports that would be offered by helping professionals were rated as not helpful by both parents with and without experience. These supports may be accessed by families who are struggling the most with their adopted child, and therefore may not find them as helpful. With the exception of reported need of parents with experience, *individual counseling for child* was one support that was listed in the top five supports



available, used, needed, but not helpful by all parents. This may be one of the supports that is most accessed by families having difficulties with the adopted child and a support that may be difficult to assess as having a positive effect. Leung and Erich (2002) also found a negative relationship between receipt of (use of) professional helpers and family functioning.

### ***Types of Special Needs***

Comparisons were made in this study among adoptive families of children with behavioral/emotional difficulties, those who had adopted children with developmental/physical disabilities, and those who had adopted children with both. Over half of the parents in this study reported having children with both behavioral/emotional difficulties *and* physical/developmental disabilities.

Several studies in the literature have included differences in children. In a study comparing families who had disrupted vs. intact families, behavioral and emotional factors were related to adoptive outcome much more than “skills or abilities” of the children (Rosenthal et al., 1988). Parents have reported being less prepared for their adoption if children had emotional and behavioral difficulties (Egbert & Lamont, 2004), and special needs status can make a difference in placement of adoptive children (Avery, 1999). In addition, parents were more likely to emphasize clinical services when they had adopted a child who had emotional/behavioral difficulties (Brooks et al., 2002). Rosenthal and Groze (1994) found a better parent-child relationship if parents reported that their adopted child had a handicap. Other researchers have found little to no

relationship, however, between types of special needs and adoption impact on the family (e.g., Groze, 1996b; Rushton et al., 2000).

In this study, parents of children with physical/developmental disabilities reported higher use of the majority of supports than those with children with emotional/behavioral disabilities/difficulties or those with both. This was especially true of *medical services*, *formal support services*, *social work services*, *financial services*, and *informal support services*. Parents with children with these types of special needs may find it easier to document and therefore find support for children with more “visible” disabilities, and use of many of these services makes sense when considering the children’s needs. It is especially interesting that these parents reported greater use of the informal support services. Perhaps this result reflects an easier acceptance by the family and the community of children with disabilities that can be more easily seen. In contrast, comparisons based on need found that parents with children with emotional/behavioral disabilities overwhelmingly reported higher need of supports, with those parents who had adopted children with both coming in second. This result is in line with Brooks et al. (2002), who found that families were more likely to emphasize clinical services when they had adopted a child who had emotional/behavioral difficulties. Further analyses in this study testing the relationship between *counseling services* and special needs of children found significance in the differences between these services by special needs of the children.

Parents of children with physical/developmental disabilities reported higher levels of helpfulness of supports overall with differences of over 15%. The exception to this

were those services categorized as clinical services; parents who reported adopting children with emotional/behavioral disabilities/difficulties and parents who reported adopting children with both types of disabilities reported higher helpfulness of services than parents who had adopted children with physical/developmental disabilities.

### ***Family Environment***

The support that adoptive families experience could be related to family environment within special needs adoptive families. This researcher attempted to examine family outcome by measuring family environment as participating parents' opinions of how the family was doing at the time he or she completed the survey. Support availability and support need of the nine *counseling services* were found to be positively correlated with the Conflict subscale of the Family Environment Scale. Although statistically significant, the correlations are too low to suggest any practical significance.

### ***Ecological Theory***

In order to better understand the context of social supports and special needs adoptive families, Bronfenbrenner's Ecological Theory (1988, 1989) was used as a framework for this study. This study concentrated on two levels of Bronfenbrenner's four level model: the microsystem (adoptive family) and the exosystem (adoptive family supports). This approach encourages an emphasis on those factors that affect the goodness of fit (fit between child and family) in an adoptive family, including adoptive services and supports. Adopting a child automatically creates an interaction between the family and a system that provides services and supports, including supports that are directly provided to the children and supports that are provided to the rest of the family,

especially parents. Therefore, an ecological model was a useful way to frame this study (Schweiger & O'Brien, 2005).

### **Future Research**

Future research focusing on any or all of these family members' perceptions of social supports and the family environment would be helpful in further illuminating researchers', practitioners', and policy-makers' understanding of the role of social supports in special needs adoptive families. In addition, future research of adoptive families with multiple adopted children may garner informative results by allowing adoptive families to discuss similarities and differences in supports for all of their adopted children.

There are a number of issues to consider when undertaking research related to special needs adoptive families. Researchers should remember that all parents have significant demands on their time. This is especially true of adoptive parents of children with special needs. The use of resources to support adoptive children and their families involves even more demands on time that other parents may not experience.

Appointments with doctors, social workers, and counselors; time for support groups; consulting with professionals about available resources; and completing paperwork that might link to benefits for the child and the family – all of this takes time from days already filled with school, jobs, meal preparation, household tasks, and other tasks associated with rearing children. Asking adoptive parents to take time from busy schedules to complete a survey or take part in an interview is one more potential demand on their already over-burdened time.

Researchers considering future research should be aware of the difficulty of obtaining a sample through mail directly from agencies due to agency confidentiality considerations and time constraints (i.e., not having the personnel to print and affix labels). Once the agency accepts the responsibility of working with the researcher to reach adoptive families, the agency then will work to find time to complete this extra task. Flexibility and patience are needed. Since assisting with research may not be an assigned task of the agency personnel involved in the research, it may take some time for the task the researcher has requested to be completed. It was this researcher's experience that the return rate of paper-and-pencil surveys was low. It may be that this is not the best way to try to reach this population of parents.

Another way to gather data through agencies is to obtain permission to attend support group(s). Paper-and-pencil surveys may be distributed to the parents in the group for completion in the group or after the group, or in the case of an interview format; permission may be obtained from parents to interview them at a later date. Attending a support group was instrumental in assisting this researcher in completing the pilot study phase of this research. However, this may limit the external validity of results.

Yet another way to gather data indirectly through agencies is to obtain permission from the agency(s) to advertise the survey via newsletter (paper or electronic) or on agency websites. This has the possibility to reach a wider audience than mailing out surveys directly, and parents can choose whether they are interested and contact the agency or the researcher (depending on the parameters agreed upon). It was this researcher's experience, however, that this approach was unsuccessful.

An easier and more direct way to obtain a sample is to consider putting data collection instruments on-line (i.e., through Survey Monkey) and then using adoption listservs to gain access to an adoptive parent audience. This approach has a number of distinct advantages, including decreased time for survey completion and the ability to reach a more national sample of parents directly. These parents have chosen to join the listserv, perhaps already demonstrating an interest in gaining information and a willingness to help a researcher generate more helpful information. The choice to respond is completely in the control of the parent who receives the notice about the research or the survey itself, and survey tools such as Survey Monkey allow the researcher to set survey parameters for anonymity. However, survey tools do have limits in how questions can be asked, how responses are gathered, and how data are downloaded for analysis. Therefore, it is important to consider whether survey tools will enable researchers to obtain the data they wish to examine that matches their hypotheses. The researcher in this study experienced the most success in gathering data through this method, although a few limitations were experienced (e.g., structural limitations in creating the survey).

Overall, research involving special needs adoptive families requires flexibility in the approach to data gathering methods, patience in the time it may take to obtain a sample, and persistence. This is important to keep in mind as one undertakes this kind of research.

### **Limitations**

Data were collected from a convenience sample of special needs adoptive families obtained through agencies in the United States (one of which served families in North

America). Parents were volunteers solicited through these agencies, including parents who were part of listservs. Parents who chose to complete the survey (vs. those who did not) and parents who chose to be part of listservs and complete the survey (vs. those who did not) may have characteristics that were not possible to measure. In addition, the sample ( $N = 125$ ) was relatively small. Therefore, the results obtained may differ from results that would have been obtained from a larger, representative random group of the population as a whole. In addition, when the sample was divided for comparison, these divisions were uneven, making generalizing the comparisons more difficult.

Another limitation is related to the use of a non-standardized instrument developed by the researcher. Although the researcher attempted to create this instrument based on a thorough review of the literature, caution should be used when interpreting results from a non-standardized instrument. Nevertheless, this study was very similar to (but more comprehensive than) most studies of supports.

A third limitation is related to self-report. Participants may have interpreted questions differently from the researcher and answered accordingly. In addition, participants may have answered questions in such a way as to present themselves and their families in the best light possible. Parents in the pilot study seemed to be willing, however, to report their need and use for a wide variety of supports, indicating their willingness to ask for assistance and report this need and use to the researcher.

Another limitation is that only one parent in each family participated in the study. Their responses were based on their point of view of their families. No data were collected for other members of the family, whose viewpoints may have differed from the

one parent who participated. In addition, participating parents chose one child about whom to fill out the Social Supports Survey (if they had adopted more than one child that fit the study criteria). There is no way to know what criteria parents used to choose the target child. The tendency may have been to choose the child with whom the family had experienced the most challenge. This actually may have assisted in the study, however, as this may have led to the most information about the supports needed, used, and perceived as available and helpful for special needs families.

A fifth limitation is that although intended to be a study of special needs adoptive families who adopted only in the United States, the researcher neglected to include this as a question in the survey. Adoptive listservs may include participants who adopted internationally as well as domestically. Therefore, the computer-based survey used by the researcher for data collection may have been completed by parents who adopted children with special needs internationally.

In addition, Survey Monkey (<http://www.surveymonkey.com>), while a very good on-line research tool, does have some limits. At the time that the author created this survey, the author experienced a number of limits regarding the creation of the survey. Although latitude was allowed in the type of question used (e.g., multiple choice, matrix of choices, textbox), the choices were not extensive. In addition, there are structural limitations (e.g., it is not possible to create a table). Regarding limiting choices that respondents may have, if the survey creator wishes participants to be limited to one answer in any question, then that question must also be a required question (participants must answer it to move to the next question). Due to the nature of this research, the



author chose not to make questions required (with the one exception of the first question where parents indicated their agreement to take part in the survey) so that parents would have absolute choice on which questions to answer. This also meant, however, that parents could choose more than one answer for any question. This fact obviously affected analysis of the data. Lastly, in order to create bold, italicized, or underlined text, some basic knowledge of html language is required. It is recommended that researchers design on-line surveys after becoming knowledgeable about on-line research tools and their limits.

Lastly, despite 2 ½ years worth of various types of efforts to gather data, the researcher was unable to gather a large enough sample to conduct the types of statistical analyses originally planned for this study. Therefore, analyses are not as rigorous as originally intended.

### **Study Implications**

This study is the first to investigate the use, availability, need, and helpfulness of informal and formal support services, and relate these to the family's environment. This study has important relevance for counselors. Since the 1990s, federal legislation has led to more children being available for adoption (Kramer & Houston, 1999; McKenzie, 1993). In addition, recent concerns about international adoption may be leading potential adoptive parents increasingly to consider adopting through foster care, which often means that children will have special needs (Koch, 2008). These families, then, likely will have need for support, both formal and informal.

This study indicates that families expressed need for services counselors are most likely to be involved in, based on both parent experience and adoptive child special needs. Counselors have the ability to provide direct formal support through counseling tailored towards the needs of adoptive families and advocacy on behalf of the family in assisting them to obtain other formal supports. Special needs adoptive families are not the same; within family differences can affect the needs of these families. Therefore, thorough ongoing assessment by the counselor is needed. In addition, knowledge of support services available to special needs adoptive families will help counselors take an advocacy role, and will assist the counselor in his or her ongoing assessment of the family's support network, both formal and informal.

It is important to note that counseling services were not always ranked as helpful by families. This may indicate counselors' lack of training and knowledge about these families' unique needs. Therefore, training for counselors around needs and experiences of these families is important. Counselor education programs that do not do so already may want to add training that include the unique needs of these families (i.e., through case studies in family counseling classes). Families have expressed frustration when counselors do not cope well with the families' challenges (Rosenthal et al., 1996), and have expressed a strong wish for clinical services (Brooks et al., 2002).

Research by counselors addressing special needs adoptive families also is needed. Not only can this research inform the counseling profession and influence training, it also could be used to influence policy and funding. Services are costly, and greater funding could equal greater access.

### **Conclusions**

This study has illustrated the need for researchers and practitioners to better understand both formal and informal social supports in the lives of adopted families and has emphasized that supports need to be adjusted based on the unique experiences and needs of adoptive families. In addition, and very recently, President G. W. Bush has signed the Fostering Connections to Success and Increasing Adoptions Act of 2008 into law. This legislation will, among other things, increase family access to adoption incentives and funding and attempt to keep sibling groups together (CLASP, 2008), which most likely will increase the number of special needs adoptions and the number of supports families wish to access.

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## Appendix A

### Social Supports Survey: Original

#### Social Supports Survey

Wendi K. Schweiger

### DEMOGRAPHICS OF THE FAMILY

Please choose one adopted child that includes a characteristic from the definition of “special needs adopted child” in the directions. Your adopted child should have been in your home for at least two years. If you have more than one adopted child who has “special needs” and has been in your home for more than two years, please choose one of them. Then answer the entire survey with that child in mind. Please fill in the blanks or circle the appropriate choice for each of the following questions. For questions that ask for a response about the “child,” please respond regarding the one adopted child you have in mind as you are filling out this survey.

First name of child: \_\_\_\_\_

Who is filling out the survey?          Mother          Father

Age of mother now: \_\_\_\_\_

Ethnicity of mother: (Please put a check mark or an X in the appropriate blank.)

_____ White	_____ Black	_____ Asian
_____ Latino/Latina	_____ Native American	_____ Other

Age of father now: \_\_\_\_\_

Ethnicity of father: (Please put a check mark or an X in the appropriate blank.)

_____ White	_____ Black	_____ Asian
_____ Latino/Latina	_____ Native American	_____ Other

Are you married or partnered?          Yes          No

Does spouse/partner live in the same home as you and your child(ren)?      Yes      No

Age of adopted child now: \_\_\_\_\_

Gender of adopted child:      Male          Female

Age of adopted child when he/she began living in your home: \_\_\_\_\_

Age of adopted child when adoption was final: \_\_\_\_\_

Number of your children (biological, step-child(ren), adopted child(ren)) living in the home at this time: \_\_\_\_\_

Number of your children (biological, step-child(ren), adopted child(ren)) total, living in and outside of your home: \_\_\_\_\_

How many total (inside and outside the home) are biological children? \_\_\_\_\_

How many total (inside and outside the home) are adopted children? \_\_\_\_\_

How many total are foster children? \_\_\_\_\_

How many total are step-children? \_\_\_\_\_

Was your adopted child adopted as part of a sibling group?                      Yes      No

If so, what is/are the age(s) of the sibling(s)? \_\_\_\_\_

Mother's education:

- \_\_\_\_\_ Less than seventh grade
- \_\_\_\_\_ Junior high school (9<sup>th</sup> grade)
- \_\_\_\_\_ Some high school (10<sup>th</sup> or 11<sup>th</sup> grade)
- \_\_\_\_\_ High school graduate
- \_\_\_\_\_ Some college (at least on year) or specialized training
- \_\_\_\_\_ College graduate
- \_\_\_\_\_ Graduate school (master's degree, doctoral degree, law school, medical school)

Father's education:

- \_\_\_\_\_ Less than seventh grade
- \_\_\_\_\_ Junior high school (9<sup>th</sup> grade)
- \_\_\_\_\_ Some high school (10<sup>th</sup> or 11<sup>th</sup> grade)
- \_\_\_\_\_ High school graduate
- \_\_\_\_\_ Some college (at least on year) or specialized training
- \_\_\_\_\_ College graduate
- \_\_\_\_\_ Graduate school (master's degree, doctoral degree, law school, medical school)

Occupation of mother: \_\_\_\_\_

Occupation of father: \_\_\_\_\_

What is the size of the community in which you currently reside?

Large city      Small city      Town      Small town      Rural      Farm

### Background of Parents

Please choose one adopted child that includes a characteristic from the definition of “special needs adopted child” in the directions. Your adopted child should have been in your home for at least two years. If you have more than one adopted child who has “special needs” and has been in your home for more than two years, please choose one of them. Then answer the entire survey with that child in mind. Please fill in the blanks or circle the appropriate choice for each of the following questions. For questions that ask for a response about the “child,” please respond regarding the one adopted child you have in mind as you are filling out this survey.

Have you ever been or are you currently foster parents?      Yes      No

If so, how long have you been a foster parent? \_\_\_\_\_ years, \_\_\_\_\_ months

If so, approximately how many children have you fostered? \_\_\_\_\_

Are you related biologically to the adopted child in any way (e.g., biological aunt or cousin of the child as well as adoptive parent)?      Yes      No

Did you adopt a child before you adopted this child?      Yes      No

### Characteristics of Adopted Child

Please fill in the circle under the column labeled “yes” only if your adopted child has been diagnosed with any of the items on the left. Please indicate “no” if the diagnosis does not apply to your adopted child. Please choose “yes” or “no” for each of the 14 items.

	Yes	No
1. Vision impairment	<input type="radio"/>	<input type="radio"/>
2. Mental retardation	<input type="radio"/>	<input type="radio"/>
3. Hearing impairment	<input type="radio"/>	<input type="radio"/>
4. Cerebral palsy	<input type="radio"/>	<input type="radio"/>
5. Physical handicap	<input type="radio"/>	<input type="radio"/>
6. Down’s syndrome	<input type="radio"/>	<input type="radio"/>
7. Seizure disorder	<input type="radio"/>	<input type="radio"/>
8. Learning disability (e.g., ADHD, ADD, developmental delay)	<input type="radio"/>	<input type="radio"/>
9. Serious medical condition	<input type="radio"/>	<input type="radio"/>
10. Behavior problem (e.g., significant behavioral difficulties in school)	<input type="radio"/>	<input type="radio"/>

- |  |          |          |
|--|----------|----------|
| 11. Life-threatening condition (medical or physical)             | <b>O</b> | <b>O</b> |
| 12. Mental health issue (e.g., depression, anxiety)              | <b>O</b> | <b>O</b> |
| 13. Minor medical condition                                      | <b>O</b> | <b>O</b> |
| 14. Psychiatric disorder (e.g., bipolar disorder, schizophrenia) | <b>O</b> | <b>O</b> |

Please fill in the circle under the column labeled “yes” only if your adopted child has any of the following before being placed with you. Please indicate “yes” for every one that applies.

- |                              | Yes                   | No                    |
|------------------------------|-----------------------|-----------------------|
| 1. Physical abuse            | <input type="radio"/> | <input type="radio"/> |
| 2. Sexual abuse              | <input type="radio"/> | <input type="radio"/> |
| 3. Neglect                   | <input type="radio"/> | <input type="radio"/> |
| 4. Foster care               | <input type="radio"/> | <input type="radio"/> |
| 5. Failed adoption placement | <input type="radio"/> | <input type="radio"/> |

## SOCIAL SUPPORTS SURVEY

### Supports Needed, Available, Used, and Helpfulness

For the following supports, please fill in all answers related to the first two years of your child's placement in your home. Please fill in the circle under the second column ("needed") what supports you believe your family needed to assist you in issues related to the adoption of your child. Please fill in the circle under the third column ("available") what services you believed to have been available to your family. Please fill in the circle under the fourth column ("used") what supports your family actually used to assist you in issues related to the adoption of your child. Please fill in the circle in one of the last three columns ("very helpful," "helpful," or "not helpful") your opinion of the helpfulness of the supports that you chose to use. The "child" is the one adopted child you have in mind as you are filling out this survey.

### Rating of Helpfulness

Services		Needed	Available	Used	Very Helpful	Helpful	Not Helpful
1.	Respite care (overnight)	0	0	0	0	0	0
2.	Day care: disabled child	0	0	0	0	0	0
3.	Day care: in-home	0	0	0	0	0	0
4.	Homemaker/ Housekeeper	0	0	0	0	0	0
5.	Home health/nursing	0	0	0	0	0	0
6.	“Master” adoptive parent	0	0	0	0	0	0



**Rating of Helpfulness**

7. Adoptive parent support group	0	0	0	0	0	0
8. Support group for adopted child	0	0	0	0	0	0
9. Time with other adoptive parents	0	0	0	0	0	0
10. Time with other adopted child for the child	0	0	0	0	0	0
11. Social work: service coordinator	0	0	0	0	0	0
12. Adoption financial subsidy	0	0	0	0	0	0
13. Other financial supports	0	0	0	0	0	0
14. Counseling on adoption issues	0	0	0	0	0	0
15. Counseling/training on parental skills	0	0	0	0	0	0
16. Counseling/training-child development	0	0	0	0	0	0
17. Counseling on child's future	0	0	0	0	0	0
18. Family counseling/therapy	0	0	0	0	0	0
19. Individual counseling for child	0	0	0	0	0	0
20. Shelter care placement	0	0	0	0	0	0
21. Foster/group/residential placement	0	0	0	0	0	0
22. Psychiatric hospitalization	0	0	0	0	0	0
23. Psychological evaluation	0	0	0	0	0	0
24. Drug/alcohol services	0	0	0	0	0	0
25. Educational assessment	0	0	0	0	0	0
26. Special education curriculum	0	0	0	0	0	0
27. Tutoring	0	0	0	0	0	0
28. Speech therapy	0	0	0	0	0	0
29. Physical or occupational therapy	0	0	0	0	0	0
30. Routine medical care	0	0	0	0	0	0
31. Medical care for disability	0	0	0	0	0	0
32. Dental care	0	0	0	0	0	0
33. Legal services	0	0	0	0	0	0

**Rating of Helpfulness**

34. Spouse/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Church or religious support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Background information about child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Friends and/or neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Community/Neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Books/articles on adoption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Meetings with child's previous foster parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Other? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments? \_\_\_\_\_

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**Support from Family and Friends**

Please fill in the circle for your answer for each question under the appropriate column below. If appropriate, please explain your answers in more detail in the space provided.

	<b>Yes, very much so</b>	<b>Yes, somewhat</b>	<b>No, not really</b>
1. Did/do your relatives approve of the adoption?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did/do your partner's/spouse's relatives approve of the adoption?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have your friends been supportive of the adoption?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your neighborhood been supportive of the adoption?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments? \_\_\_\_\_

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### Information from Social Worker (Agency Worker)

Please check your answer to the questions below.

Our social worker/agency provided us with

- ☐ Too much information on the child's background and possible problems  
☐ About the right amount  
☐ Not enough information

The information provided about our adopted child's background and characteristics was

- ☐ Accurate or almost always accurate  
☐ Mostly accurate but sometimes inaccurate  
☐ Mostly inaccurate

Regarding the information provided about our adopted child, we found that the child's problems and/or handicaps, if any, were

- ☐ More serious than described  
☐ About as described  
☐ Less serious than described

Comments?

---



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### Community

Please fill in the circle for your answer for each question under the appropriate column below. If appropriate, please explain your answers in more detail in the space provided.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
My community provides adequate support services for adoptive families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support services available in my community for adoptive families are accessible to me and/or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals in my neighborhood react more negatively to my child than they would if he/she was not an adopted child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals in my place of worship (church, synagogue,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

etc.) react more negatively to my child than they would if he/she was not an adopted child.

Individuals in stores where I shop (grocery stores, the mall, etc.) react more negatively to my child than they would if he/she was not an adopted child.

**O**

**O**

**O**

**O**

**O**

Individuals in restaurants where I eat react more negatively to my child than they would if he or she was not an adopted child.

**O**

**O**

**O**

**O**

**O**

Comments?

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## Appendix B

### Social Supports Survey: Revised

#### Social Supports Survey

#### INFORMATION ABOUT THE FAMILY

Please choose **one child whose adoption has been legalized in court and who also fits the definition of “special needs adopted child”** in the directions. Your adopted child should have been in your home for at least two years (no matter when the child was adopted) and no more than five years. If you have more than one adopted child who has been in your home for more than two years and less than five years, please choose only one of them. Then answer the entire survey with that one child in mind. Please fill in the blanks or circle your answer for each of the following questions.

1. First initial of child: \_\_\_\_\_
2. Who is filling out the survey?                      Mother                      Father
3. Age of adoptive mother/partner now: \_\_\_\_\_
4. Ethnicity of adoptive mother:
 

_____ White	_____ Black	_____ Asian	_____ Latino/Latina
_____ Native American	_____ Biracial	_____ Multiracial/Other	
5. Adoptive mother's highest education:
 

_____ Less than seventh grade
_____ Junior high school or middle school (up to 9 <sup>th</sup> grade)
_____ Some high school (10 <sup>th</sup> or 11 <sup>th</sup> grade)
_____ High school graduate
_____ Some college (at least one year or a 2-year degree) or specialized training
_____ College graduate (4-year degree)
_____ Graduate school (master's degree, doctoral degree, law school, medical school)
6. Occupation of adoptive mother: \_\_\_\_\_
7. Age of adoptive father/partner now: \_\_\_\_\_
8. Ethnicity of adoptive father/partner:
 

_____ White	_____ Black	_____ Asian	_____ Latino/Latina
_____ Native American	_____ Biracial	_____ Multiracial/Other	
9. Adoptive father's/partner's highest education:
 

_____ Less than seventh grade
_____ Junior high school or middle school (up to 9 <sup>th</sup> grade)
_____ Some high school (10 <sup>th</sup> or 11 <sup>th</sup> grade)

- ☐ High school graduate  
☐ Some college (at least one year or a 2-year degree) or specialized training  
☐ College graduate (4-year degree)  
☐ Graduate school (master's degree, doctoral degree, law school, medical school)

10. Occupation of adoptive father/partner: \_\_\_\_\_

11. Age of adopted child now: \_\_\_\_\_

12. Sex/gender of adopted child:            Male            Female

13. Ethnicity of adopted child: (Please put a check mark or an X in the appropriate blank.)

☐ White            ☐ Black            ☐ Asian            ☐ Latino/Latina  
☐ Native American    ☐ Biracial            ☐ Multiracial/Other

14. Age of adopted child when he/she began living in your home: \_\_\_\_\_

15. Age of adopted child when adoption was legalized or completed by court: \_\_\_\_\_

16. Number of children (biological, step, adopted) living in the home at this time: \_\_\_\_\_

17. Number of children (biological, step, adopted) total, living in and outside of your home: \_\_\_\_\_

18. How many total (inside and outside the home) are biological children? \_\_\_\_\_

19. How many total (inside and outside the home) are adopted children? \_\_\_\_\_

20. How many total (inside and outside the home) are step-children? \_\_\_\_\_

21. When you adopted this child, did he/she also have a sister or brother whom you adopted?  
                                  Yes                                    No

22. If so, what is/are the age(s) of the sibling(s)? \_\_\_\_\_

23. What is the type of the community in which you currently reside?

Large city            Small city            Town            Small town            Rural            Farm

### EXPERIENCE OF PARENTS

Keep in mind the **same child** you described above. Answer the entire survey with that one child in mind. Please fill in the blanks or circle your answer for each of the following questions.

Have you ever been or are you currently a foster parent? Yes    No

If so, how long have you been a foster parent? \_\_\_\_\_ years, \_\_\_\_\_ months

If so, approximately how many children total have you fostered? \_\_\_\_\_

Did you foster this child before you adopted him/her?    Yes    No

Are you related biologically to the adopted child in any way (e.g., biological aunt or cousin of the child)?                      Yes                      No

Is this your first adoption?              Yes                      No

If not, how many others did you adopt? \_\_\_\_\_

### CHARACTERISTICS OF ADOPTED CHILD

Has your adopted child been formally diagnosed with a physical or developmental disability/difficulty (for example: vision impairment, mental retardation, hearing impairment, cerebral palsy, physical handicap, Down's syndrome, seizure disorder, learning disability, serious medical condition, minor medical condition)?

Yes    No

Has your adopted child been formally diagnosed with a behavioral or emotional disability/difficulty (for example: behavior problem, mental health issue, psychiatric or mental health diagnosis)?

Yes    No

To the best of your knowledge, did your adopted child experience physical abuse, sexual abuse, neglect, or a failed adoptive placement before being placed with you?

Yes    No

### FORMAL SOCIAL SUPPORTS/SERVICES NEEDED, AVAILABLE, USED, AND HELPFULNESS

On the next three pages, there is a list of services and supports that are related to adoption and adoptive families. Note that in this section you are asked several questions about each service/support. Please consider each answer carefully. The "child" is the one adopted child you have in mind as you are filling out this survey.

**Was the service/support needed?** If you believe the service/support was ever (past or present) needed by your family members to assist you in issues related to the adoption of your child, please place a check mark or an X under the second column ("needed"). If you never needed it, leave it blank.

**Was the service/support available?** If you believe the service/support was ever available to your family, please place a check mark or an X under the third column ("available"). If it was never available to you, leave it blank. Please remember that the service could be available even if you did not need it or use it.

**Did you and/or your family member(s) use the service?** If your family ever used the service/support to assist you in issues related to the adoption of your child, please place a check mark or an X under the fourth column (“used”). If you never used it, leave it blank.

**How helpful were the services/supports that you used?** Please place a check mark or an X in one of the last three columns (“very helpful,” “helpful,” or “not helpful”) giving your opinion of the helpfulness of the supports that you chose to use. If you never used the service/support, please leave this blank.

*Please see the examples listed below.*

**IF USED, Rate Helpfulness**

Service/Support	Service Needed?	Service Available?	Service Used?		Very Helpful	Helpful	Not Helpful
Service #1	X	X	X				X
Service #2	X	X					
Service #3	X						

For Service #1, the service was needed, available, and used, but rated as not helpful. For Service #2, the service was needed and available, but not used, and so it can not be rated for helpfulness. For Service #3, the service was needed, but not available, and so it can not be rated in any other boxes. *These are just examples. Your responses may look different from these.*

**IF USED, Rate Helpfulness**

Service/Support	Service Needed?	Service Available?	Service Used?		Very Helpful	Helpful	Not Helpful
Babysitting							
Respite care (during the day or overnight)							
Day care (in-home or out-of-home)							
Housekeeper for family							
Home health/nursing for child							
Physical or occupational therapy for child							
Routine medical care (for example: Medicaid) for child							
Medical care for child’s disability							
Dental care for child							



Another adoptive parent assigned as mentor/coach for parent(s)							
Support group for adoptive parents							
Support group for adopted child							
Time with other adoptive parents for parent(s)							
Time for the child with other adopted child							
Social worker or other professional who coordinates services for your child							
Background information about child							
<b>Service/Support</b>	<b>Service Needed?</b>	<b>Service Available?</b>	<b>Service Used?</b>		<b>Very Helpful</b>	<b>Helpful</b>	<b>Not Helpful</b>
Meetings for parents with child's previous foster parents							
Adoption financial subsidy							
Other financial supports (for example: social security, SSI, WIC) for child							
Counseling on adoption issues for parents							
Counseling/training on parental skills							
Counseling/training about child development for parent(s)							
Family counseling/therapy							
Individual counseling for child							
Vocational rehabilitation counseling for child							
Drug/alcohol services (includes in-patient treatment, support groups, counseling) for child							
Psychological evaluation for child							

Out-of-home emergency placement for child							
Foster/group/residential placement (outside of the home) for child							
Psychiatric hospitalization for child							
Educational assessment for child							
Special education curriculum for child							
Tutoring for child							
Speech therapy for child							
Lawyer for adoption							
Books/articles on adoptive issues for parents							
Other?							

**INFORMAL SOCIAL SUPPORTS  
NEEDED, AVAILABLE, USED, AND HELPFULNESS**

Please fill in the following table in the same way as the table you just completed above.

<b>Service/Support</b>	<b>Service Needed?</b>	<b>Service Available?</b>	<b>Service Used?</b>	<b>Very Helpful</b>	<b>Helpful</b>	<b>Not Helpful</b>
Spouse/partner support						
Church or religious support						
Extended family support						
Friends and/or neighbors support						
Community/Neighborhood support						

Please go back and **circle** any of the **services/supports** in the first column of the entire list of services/supports above that were paid for or partially paid for by outside agencies.

**Please feel free to provide any comments on the list of services/supports that you think are important for me to know on the back of this survey.**

**INFORMATION FROM SOCIAL WORKER (AGENCY WORKER)**

Please place a check mark or an X next to your answer to the questions below. Please select only one answer.

Our social worker/agency provided us with

- ☐ Too much information on the child's background and possible problems  
☐ About the right amount of information  
☐ Not enough information

The information provided about our adopted child's background and characteristics was

- ☐ Accurate or almost always accurate  
☐ Mostly accurate but sometimes inaccurate  
☐ Mostly inaccurate

Regarding the information provided about our adopted child, we found that the child's problems and/or handicaps were

- ☐ More serious than described  
☐ Described fairly accurate  
☐ Less serious than described  
☐ Not applicable

**Please feel free to add any comments about information from the social worker on the back of this survey.**

### COMMUNITY

For the following, please place a check mark or an X for each question under the appropriate column below.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
My community provides adequate support services for adoptive families.					
The support services available in my community for adoptive families are accessible to me and/or my family.					

Is there anything else you would like me to know about services or support, including availability, need, use, and helpfulness? Please feel free to add your comments at the bottom of this page and/or on the back of the survey.

## Appendix C

### Social Supports Survey: On-Line Format

### 3. INFORMATION ABOUT THE FAMILY

Page 1 of 5

Please choose **one child whose adoption has been legalized in court and who also fits the definition of "special needs adopted child"** in the directions. Your adopted child should have been in your home for at least two years (no matter when the child was adopted) and no more than five years. If you have more than one adopted child who has been in your home for more than two years and less than five years, please choose only one of them. Then answer the entire survey with that one child in mind. Please fill in the blanks or choose one answer for each of the following questions.

In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

#### 1. First initial of child:

#### 2. Who is filling out the survey?

☐ Mother ☐ Father

#### 3. Age of adoptive mother/partner now:

Age:

#### 4. Ethnicity of adoptive mother/partner:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

White Native Black Biracial Asian Multiracial/Other Latino/Latina N/A  
American

**5. Adoptive mother's/partner's highest education:**

- ☐ Less than seventh grade
- ☐ Junior high school or middle school (up to 9th grade)
- ☐ Some high school (10th or 11th grade)
- ☐ High school graduate
- ☐ Some college (at least one year or a 2-year degree) or specialized training
- ☐ College graduate (4-year degree)
- ☐ Graduate school (master's degree, doctoral degree, law school, medical school)
- ☐ N/A

**6. Occupation of adoptive mother/partner:**

**7. Age of adoptive father/partner now:**

Age:

**8. Ethnicity of adoptive father/partner:**

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 White Native Black Biracial Asian Multiracial/Other Latino/Latina N/A  
 American

**9. Adoptive father's/partner's highest education:**

- ☐ Less than seventh grade
- ☐ Junior high school or middle school (up to 9th grade)
- ☐ Some high school (10th or 11th grade)
- ☐ High school graduate
- ☐ Some college (at least one year or a 2-year degree) or specialized training
- ☐ College graduate (4-year degree)
- ☐ Graduate school (master's degree, doctoral degree, law school,

medical school)

☐ N/A

**10. Occupation of adoptive father/partner:**

**11. Age of adopted child now:**

Age:

**12. Sex/gender of adopted child:**

☐ Male ☐ Female

**13. Ethnicity of adopted child:**

☐ White ☐ Native American ☐ Black ☐ Biracial ☐ Asian ☐ Multiracial/Other ☐ Latino/Latina

**14. Age of adopted child when he/she began living in your home:**

**15. Age of adopted child when adoption was legalized or completed by court:**

**16. Number of children (biological, step, adopted) living in the home at this time:**

Number:

**17. Number of children (biological, step, adopted) total, living in and outside of your home:**

Number:

**18. How many total (inside and outside of the home) are biological children?**

How many:

**19. How many total (inside and outside the home) are adopted children?**

How many:

**20. How many total (inside and outside the home) are step-children?**

How many:

**21. When you adopted this child, did he/she also have a sister or brother whom you adopted?**

☐ Yes ☐ No

**22. If so, what is/are the age(s) of the siblings?**

Sibling #1:

Sibling #2:

Sibling #3:

Sibling #4:

**23. What is the type of the community in which you currently reside?**

☐ Large city ☐ Small city ☐ Town ☐ Small town ☐ Rural ☐ Farm

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#### 4. EXPERIENCE OF PARENTS & CHARACTERISTICS OF ADOPTED CHILD

Page 2 of 5

Keep in mind the **same child** you have already described. Answer the entire survey with that one child in mind. Please fill in the blanks or choose one answer for each of the following questions.

In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

**1. Have you ever been or are you currently a foster parent?**

☐ Yes

☐ No

**2. If so, how long have you been a foster parent?**

Years:

Months:

**3. If so, approximately how many children total have you fostered?**

How many:

**4. Did you foster this child before you adopted him/her?**

☐ Yes

☐ No

**5. Are you related biologically to the adopted child in any way (e.g., biological aunt or cousin of the child)?**

☐ Yes

☐ No

**6. Is this your first adoption?**

☐ Yes

☐ No



**7. If not, how many others did you adopt?**

How many:

**8. Has your adopted child been formally diagnosed with a physical or developmental disability/difficulty (for example: vision impairment, mental retardation, hearing impairment, cerebral palsy, physical handicap, Down's syndrome, seizure disorder, learning disability, serious medical condition, minor medical condition)?**

☐ Yes

☐ No

**9. Has your adopted child been formally diagnosed with a behavioral or emotional disability/difficulty (for example: behavior problem, mental health issue, psychiatric or mental health diagnosis)?**

☐ Yes

☐ No

**10. To the best of your knowledge, did your adopted child experience physical abuse, sexual abuse, neglect, or a failed adoption placement before being placed with you?**

☐ Yes

☐ No

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## 5. FORMAL SOCIAL SUPPORTS/SERVICES NEEDED, AVAILABLE, USED, AND HELPFULNESS

Page 3 of 5

Following these directions, there is a list of services and supports that are related to adoption and adoptive families. Note that in these sections you are asked several questions about each service/support. Please consider each answer carefully. The "child" is the one adopted child you have in mind as you are filling out this survey.

**Was the service/support needed?** If you believe the service/support was ever (past or present) needed by your family members to assist you in issues related to the adoption of your child, please click next to the service under the first column ("Service Needed?"). If you never needed it, leave it blank.

**Was the service/support available?** If you believe the service/support was ever available to your family, please click next to the service under the second column ("Service Available?"). If it was never available to you, leave it blank. Please remember that the service could be available even if you did not need it or use it.

**Did you and/or your family member(s) use the service?** If your family ever used the service/support to assist you in issues related to the adoption of your child, please click next to the service under the third column ("Service Used?"). If you have never used it, leave it blank.

**How helpful were the services/supports that you used?** Please click next to the service in one of the last three columns ("very helpful," "helpful," or "not helpful") giving your opinion of the helpfulness for the supports that you chose to use. If you never used the service/support, please leave this blank.

In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

[illegible]

## 2. Supports/Services Section #2

[illegible]

[illegible]

	Service Needed?	Service Available?	Service Used?	Very Helpful	Helpful	Not Helpful
<b>for child</b>						
<b>Lawyer for adoption</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Books/articles on adoptive issues for parents</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. If you chose "other" above, please state what the support(s) is/are:**

"Other" Support #1:

"Other" Support #2:

"Other" Support #3:

**5. What services/supports were paid for or partially paid for by outside agencies?**

- |   |  |
|---|--|
| <input type="checkbox"/> Babysitting  | <input type="checkbox"/> Counseling on adoption issues for parent(s)   |
| <input type="checkbox"/> Respite care (during the day or overnight)                     | <input type="checkbox"/> Counseling/training on parental skills  |
| <input type="checkbox"/> Day care (in-home or out-of-home)                              | <input type="checkbox"/> Counseling/training about child development for parent(s)                                   |
| <input type="checkbox"/> Housekeeper for family   | <input type="checkbox"/> Family counseling/therapy   |
| <input type="checkbox"/> Home health/nursing for child                                  | <input type="checkbox"/> Individual counseling for child   |
| <input type="checkbox"/> Physical or occupational therapy for child                     | <input type="checkbox"/> Vocational rehabilitation counseling for child  |
| <input type="checkbox"/> Routine medical care (for example: Medicaid) for child         | <input type="checkbox"/> Drug/alcohol services (includes in-patient treatment, support groups, counseling) for child |
| <input type="checkbox"/> Medical care for child's disability                            | <input type="checkbox"/> Psychological evaluation for child  |
| <input type="checkbox"/> Dental care for child  | <input type="checkbox"/> Out-of-home emergency placement for child   |
| <input type="checkbox"/> Another adoptive parent assigned as mentor/coach for parent(s) |  |
| <input type="checkbox"/> Support group for adoptive                                     |  |

parents

- |  |   |
|--|---|
| <input type="checkbox"/> Support group for adopted child   | <input type="checkbox"/> Foster/group/residential placement (outside of home) for child |
| <input type="checkbox"/> Time with other adoptive parents for parent(s)                              | <input type="checkbox"/> Psychiatric hospitalization for child                          |
| <input type="checkbox"/> Time for the child with other adopted child                                 | <input type="checkbox"/> Educational assessment for child                               |
| <input type="checkbox"/> Social worker or other professional who coordinates services for your child | <input type="checkbox"/> Special education curriculum for child                         |
| <input type="checkbox"/> Background information about child  | <input type="checkbox"/> Tutoring for child   |
| <input type="checkbox"/> Meetings for parent(s) with child's previous foster parents                 | <input type="checkbox"/> Speech therapy for child                                       |
| <input type="checkbox"/> Adoption financial subsidy  | <input type="checkbox"/> Lawyer for adoption  |
| <input type="checkbox"/> Other financial supports (for example: social security, SSI, WIC) for child | <input type="checkbox"/> Books/articles on adoptive issues for parents                  |
|  | <input type="checkbox"/> Other  |

**6. Please feel free to provide any comments about the list of services/supports that you think are important for me to know.**

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## 6. OTHER SOCIAL SUPPORTS

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Please fill in the following table in the same way as the table you just completed on the previous page.

In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

### 1. Services/Supports

	Support Needed?	Support Available?	Support Used?	Very helpful	Helpful	Not Helpful
Spouse/ partner support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church or religious support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and/or neighbors support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community/ neighborhood support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please choose one answer for each of the following questions.

### 2. Our social worker/agency provided us with

- ☐ Too much information on the child's background and possible problems
- ☐ About the right amount of information
- ☐ Not enough information



**3. The information provided about our adopted child's background and characteristics was**

- ☐ Accurate or almost always accurate
- ☐ Mostly accurate but sometimes inaccurate
- ☐ Mostly inaccurate

**4. Regarding the information provided about our adopted child, we found that the child's problems and/or handicaps were**


- ☐ More serious than described
- ☐ Described fairly accurately
- ☐ Less serious than described
- ☐ Not applicable

**5. Comments about information from the social worker:**

**6. For the following, please indicate one choice under the appropriate column.**

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
<b>My community provides adequate support services for adoptive families.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The support services available in my community for adoptive families are accessible to me and/or my family.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. If there is anything else you would like me to know about services or support, including availability, need, use, and helpfulness, please feel free to add your comments below.**



The form consists of a large rectangular text input area. On the right side of this area is a vertical scrollbar. At the bottom of the input area is a horizontal scrollbar. Below the input area, there are two buttons: the left button is labeled '<< Prev' and the right button is labeled 'Next >>'.

## Appendix D

### Family Environment Scale Directions

#### Family Environment Scale

#### Form R

#### Item Booklet

Rudolf H. Moos

**Published** by MIND GARDEN

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#### Instructions

There are 90 statements in this booklet. They are statements about families. You are to decide which of these statements are true for your family and which are false. Make all your marks on the separate answer sheet. If you think the statement is *True* or mostly *True* of your family, mark a **T** next to the question in the booklet. If you think the statement is *False* or mostly *False* of your family, mark an **F** next to the question in the booklet.

You may feel that some of the statements are true for some family members and false for others. Mark **T** if the statement is *true* for most members. Mark **F** if the statement is *false* for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to *you*. So do not try to figure out how many members see your family, but *do* give us your general impression of your family for each statement.

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## Appendix E

### Family Environment Scale Directions: On-line Format

## FAMILY ENVIRONMENT SCALE – Form R

Page 5 of 5

By Rudolf H. Moos, Ph.D.

### Instructions

Following are 90 statements. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True of your family, click on the box under **TRUE**. If you think the statement is False or mostly False of your family, click on the box under **FALSE**.

You may feel that some of the statements are true for some family members and false for others. Mark **True** if the statement is true for most members. Mark **False** if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

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In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

## **Appendix F**

### **Family Environment Scale Sample Questions**

1. Family members really help and support one another.
12. Members will say anything they want to around home.
23. Family members will sometimes get so angry they throw things.
34. Members will come and go as they want to in the family.
45. Members will always strive to do things just a little better the next time.

## **Appendix G**

### **Letter of Introduction and Parent Informed Consent**

December 1, 2004

Dear Parent,

My name is Wendi Schweiger, and I am a doctoral student at the University of North Carolina at Greensboro. I am in the counseling program there. I am also a daughter in a family that has been providing foster care in South Carolina for about 25 years. In fact, my brother was adopted from foster care. Because of my experiences in my family, I am currently conducting a study about special needs adoptive families for my dissertation research. The study is titled, "Special Needs Adoptive Families: A Study of Social Supports and Family Functioning." Adopted children are defined as special needs if they have experienced physical or sexual abuse and/or severe neglect; have physical or emotional problems; were older than one year at the time he or she was placed in your home; or are children who were members of a sibling group who are placed together with the same family. The purpose of this research is to try to understand what social supports adoptive families need and use, believe are available and find helpful. I am also asking that you fill out an instrument that helps me understand how you believe your family is doing. You have been identified as "special needs adoptive parents" based on your adoption of a child defined as having special needs. Your adopted child should have been in your home for at least two years (although not necessarily adopted for that long).

Your participation in this study likely will provide no direct benefits to you. However, I believe that the information you provide about your experiences as parents will help those working with and researching special needs adoptive families. There are no risks to you in choosing to participate in this research. The choice to take part in this study is completely your choice. There are absolutely no consequences if you decide not to take part. If you do choose to take part, directions for filling out the instruments are enclosed. All information that you give me will be kept strictly confidential. Your answers will be maintained in a locked file in my office for three years, after which time it will be shredded.

The research and all forms enclosed in this packet have been approved by the University of North Carolina at Greensboro Institutional Review Board. This Board insures that research involving people follows federal regulations. Questions regarding your rights as someone who is taking part in this project can be answered by calling Dr. Eric Allen at (336)256-1482. Questions regarding the research itself will be answered by Wendi Schweiger (336-706-0653) or by Dr. DiAnne Borders (336-334-3425).

Thank you very much for your willingness to participate in this research. I am most hopeful that your participation will allow me to make a positive contribution to families and children like yours.

Sincerely,

Wendi K. Schweiger

## **Appendix H**

### **Directions for Completing the Survey Packet**

#### **Directions**

The survey packet includes a survey developed by me called the “Social Supports Survey” and a questionnaire entitled the “Family Environment Scale,” as well as directions for completing the “Family Environment Scale.” In addition, a form is enclosed giving you options to be a part of future research and/or give you the option to obtain a summary of results about the study. A postcard is also included to enable you to take part in a drawing for one of four \$50.00 gift certificates to Wal-Mart.

The definition of “special needs adopted child” includes those children who have experienced physical or sexual abuse and/or severe neglect; have physical or emotional disabilities; are older than one year at the time he or she is placed in your home; and children who are members of a sibling group who are placed together with the same family. Please choose one child whose adoption has been legalized in court and who also has a characteristic from the definition of “special needs adopted child.” Also, please be sure that the child has been in your home for two years (although the child does not necessarily have to be adopted for that long).

Please respond to all questions in both instruments. The choice to fill out the enclosed form and/or postcard is up to you. When you are finished, please enclose both instruments and the supplemental form in the self-addressed stamped envelope provided in this packet and mail back to Wendi Schweiger. The postcard can be mailed separately (postage is attached) or enclosed in the packet.

If you have any questions about the surveys or the research, please feel free to call Wendi Schweiger at (336)706-0653.

## **Appendix I**

### **Letter of Introduction, Parent Informed Consent, and Directions for Completing the Survey Packet: Revised**

#### INVITATION TO PARTICIPATE IN STUDY

#### SPECIAL NEEDS ADOPTIVE FAMILIES: A STUDY OF SOCIAL SUPPORTS AND FAMILY FUNCTIONING

Thank you for considering participating in this study of social supports services needed by special needs adoptive families and the functioning of these families. If you choose to participate, please do the following:

1. Read this invitation, and keep the invitation as a record of your consent to participate in this study.
2. Complete the survey, which includes a questionnaire about the social supports your family has needed and used, believed were available, as well as how helpful they were to you, and a questionnaire about how well your family is doing at this time.
3. Complete the follow-up form (the blue one). On this form, you can indicate whether you would be willing to be part of future research, and you can check whether you want to receive a summary of the results of this study. You also can choose to complete the stamped postcard which will enter you in a drawing for one of four \$50.00 gift certificates to Wal-Mart.
4. Place the completed survey and the follow-up form (the blue one) in the stamped envelope. The envelope already has my address on it. Mail the stamped postcard separately.

I believe it will take you about an hour to answer all the questions on the survey. Returning the survey to me indicates your agreement to participate in this study.

Your participation in this study probably will not provide any direct benefits to you. I believe, however, that the information you provide about your experiences as parents will greatly help those working with special needs adoptive families. There are no risks to you in choosing to participate in this research. The choice to take part in this study is completely your choice. There are absolutely no consequences if you decide not to take part. If you do choose to participate, all information that you give me will be kept strictly confidential. Your written answers will be kept in a locked file cabinet in my home for three years after completion of the study, when they will be shredded.



The research and all forms enclosed in this packet have been approved by the University of North Carolina Institutional Review Board. This Board makes sure that research involving people follows federal regulations. Questions regarding your rights as someone who is taking part in this project can be answered by calling Dr. Eric Allen at 336.256.1482. Questions about the study or survey questions can be answered by Wendi Schweiger (336.706.0653) or by Dr. DiAnne Borders (336.334.3425).

## **Appendix J**

### **Parent Informed Consent: On-line Format**

#### **1. Parent Informed Consent**

##### Parent Informed Consent

Your participation in this study probably will not provide any direct benefits to you. I believe, however, that the information you provide about your experiences as parents will greatly help those working with special needs adoptive families. There are no risks to you in choosing to participate in this research. The choice to take part in this study is completely your choice. There are absolutely no consequences if you decide not to take part. You may withdraw from this study at any time.

If you do choose to participate, all information that you give me will be kept strictly confidential. Your answers will be kept in a password protected folder on my computer.

The research and all on-line forms have been approved by the University of North Carolina Institutional Review Board. This Board makes sure that research involving people follows federal regulations. Questions regarding your rights as someone who is taking part in this project can be answered by calling Mr. Eric Allen at 336-256-1482. Questions about the study or survey questions can be answered by Wendi Schweiger (336.706.0653) or by Dr. DiAnne Borders (336.334.3425).

## Appendix K

### Directions for Completing the Survey Packet: On-line Format

## 2. Directions for Completing the Survey

Thank you for considering participation in this study of social support services for special needs adoptive families and the functioning of these families. If you choose to participate, please do the following:

1. Complete the on-line survey, which includes a questionnaire about the social supports your family has needed and used, believed were available, as well as how helpful they were to you, and a questionnaire about how well your family is doing at this time.
2. Complete the follow-up form at the end of the survey. On this form, you can indicate whether you would be willing to be part of future research, and you can check whether you want to receive a summary of the results of this study.
3. Complete the form for the drawing for one of four \$50.00 gift certificates from Wal-Mart.

I believe it will take you about 30 minutes to answer all of the questions on the survey. You may re-enter the survey to update your responses; however, it is necessary to use the same computer to both begin and complete the survey.

This survey will be available until February 12, 2008.

Please begin the survey by answering the question below:

**\*1. I do agree to participate in this survey.**

☐

Yes

**Appendix L**  
**Supplemental Form**  
**Supplemental Form**

Please place a check mark or an X in the relevant spaces below if either of the choices apply to you.

**Note: This form will be filed separately from your survey.**

\_\_\_\_\_ Yes, I would like to obtain a summary of results from Wendi Schweiger at the conclusion of this research study.

\_\_\_\_\_ Yes, I would be willing to be contacted in the future about other research opportunities.

Name: \_\_\_\_\_

Street Address/Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Appendix M

### Supplemental Form: On-line Format

#### 1. Supplemental Form

In order to save your answers for this page and move on to the next page, please click "next" at the end of the page.

**1. I would like to obtain a summary of results from Wendi Schweiger at the conclusion of this research study.**

☐ Yes

☐ No

**2. I would be willing to be contacted in the future about other research opportunities.**

☐ Yes

☐ No

#### 3. Address

Name:

Street

Address/

Apartment

Number:

City:

State:

Zip Code:

Email

Address:

Phone

Number:

Next >>

## Appendix N

### Postcard Invitation for a Drawing

**Yes, I would like to be entered in a drawing for one of four \$50.00 gift certificates to Wal-Mart.**

**Note: This post card will be filed separately from your survey.**

Please fill in the information below so that Wendi Schweiger can contact you if you win a gift certificate, and then drop it in the mail. The postcard is addressed to Wendi Schweiger and has the appropriate amount of postage attached.

Name:

---

Street Address/Apartment Number:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

---

Email Address:

---

Phone Number:

---

---

(Other side of postcard)

---

---

---

Wendi Schweiger  
16 Josephine Circle  
Greensboro, NC 27410

## Appendix O

### Invitation for a Drawing: On-line Format

#### 2. Invitation for a Drawing

If you would like to be entered in a drawing for one of four \$50.00 gift certificates to Wal-Mart, please fill out the information below. Wendi Schweiger will contact you if you win a gift certificate.

In order to save your answers for this page and complete the survey, please click "done" at the end of the page.

##### 1. Address

Name:	<input type="text"/>
Street Address/ Apartment Number:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>